

WestMARC – Clinical Gait Analysis Referral Form

This form must be completed for children or adults with impaired walking function who require a walking assessment. Please ensure you have read and understood the referral criteria described on the WestMARC Clinical Gait Analysis webpage. Please ensure that all essential sections (*) of this form are completed. Incomplete and unsigned forms may not be accepted and could delay provision.

*Patient

Surname:	Home address:				
Forename(s):					
DOB/CHI Number:					
Sex: Male Female				Postcode:	
	Tel. no:	Daytime tel. no:			

General Practitioner

*Name:	
*Address:	
Postcode:	
*Tel:	GP Practice code:

Physiotherapist

*Name:	
*Address:	
Postcode:	
Tel:	

Referrer (consent for referral must have been obtained from parents/guardian)

*Name:	Address:	
*Profession:		
*Signature:		
*Date:	*Tel:	Postcode:
	Email:	

Clinical information

1	*Primary diagnosis:
2	Any other relevant clinical information:

Please indicate the type of chair your child uses.

3 Wheelchair provision:

- Self propelling manual chair
- Energy efficient wheelchair
- Power provision
- None

4 Type of walking assessment required:

- Video
- Video vector 2D
- Instrumented 3D (will be preceded by 2D)

To be completed if patient requires a Clinical assessment

Clinical Information

Hearing / visual / communication ability, include first language if not English:

Details of relevant previous / planned medical or surgical information (including dates):

GMFCS Score if known:

Walking assessment

*Reason for referral / Problem to be addressed:

*Management at home and school (Therapies, Orthosis):

Local therapy aims: e.g transfers, independent mobility :

Other Health Professionals involved e.g. OT, Physio, Community Paed.

Profession:	Profession:	Profession:
Name:	Name:	Name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Tel:	Tel:	Tel:

Any other relevant information

e.g family circumstances, housing:

Please post to:

Westmarc, Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF

Tel: 0844 811 3001 Email: westmarc@ggc.scot.nhs.uk

Please attach any additional relevant information on separate sheets of paper and submit alongside this form

Westmarc Use Only:

Signature: _____ Date: _____