

## Clinical Gait Analysis Service Referral

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Email: [gaitlaboratory@monashhealth.org](mailto:gaitlaboratory@monashhealth.org)

**REFERRED BY:** [Click here to enter text.](#)

**Discipline / Grade:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

**Phone:** [Click here to enter text.](#) **Email:** [Click here to enter text.](#)

**INTERPRETER REQUIRED:**  No  Yes – **language** [Click here to enter text.](#)

**NEXT OF KIN/CARER OR NOMINATED MEDICAL TREATMENT DECISION MAKER:** [Click here to enter text.](#) **PH:** [Click here to enter text.](#) **Mob:** [Click here to enter text.](#)

### BACKGROUND INFORMATION (Physio exam or further information can be attached)

**Diagnosis and comorbidities (including cognition and communication impairments):** [Click here to enter text.](#)

**Medications (including doses):** [Click here to enter text.](#)

**Known alerts and allergies e.g. (food, medication, and environment):** [Click here to enter text.](#)

**Relevant Clinical Examination Findings: (Spasticity/Contractures/Weakness/Balance):** [Click here to enter text.](#)

**Falls Risk / Pressure areas & skin integrity / Other safety concerns (infection risk, cognitive impairment, behaviours of concern):** [Click here to enter text.](#)

### FUNCTIONAL MOBILITY (Gait speed, gait aid, distance, stairs, supervision required, gait descriptors)

[Click here to enter text.](#)

**Orthotics and orthotist:** [Click here to enter text.](#)

### REASON FOR REFERRAL (Clinical question to be addressed by gait analysis)

[Click here to enter text.](#)

**Indicate Type of gait analysis requested (if known):**

**3 Dimensional (requires min. gait speed of 50cm/s)**

**2 Dimensional (video and spatiotemporal data only)**

**ADDITIONAL INFORMATION:** [Click here to enter text.](#)

**SIGNATURE OF REFERRER:**

**Date:** [Click here to enter a date.](#)

### Patient Details (or affix UR label)

**Name:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

**Phone Number:** [Click here to enter text.](#)

**Date of Birth:** [Click here to enter text.](#)