

# PHYSIOTHERAPY REFERRAL FORM

## RICHMOND PAEDIATRIC TEAM

Richmond Public Health  
8100 Granville Avenue  
Richmond, BC V6Y 3T6  
Phone: (604) 233-3150 Fax: 604-233-3198  
Email: [rhspeds@vch.ca](mailto:rhspeds@vch.ca)

Criteria for Physiotherapy service:

- Students who have a physical disability or a diagnosis with a significant impairment of mobility e.g. they require lifting
- Students who have equipment or major physical concern that affect their mobility e.g. walkers, wheelchairs
- Students who have health or safety concerns relating to their mobility or safety concerns for caregivers e.g. frequent falls

**\* Please complete all areas on this form**

### 1. General Information:

Student's Name: \_\_\_\_\_ M  F   
Last Name First Name

Date of Birth: \_\_\_\_\_ Personal Health Number (PHN) \_\_\_\_\_

Parents / Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher \_\_\_\_\_ Resource Teacher: \_\_\_\_\_

School Contact Email: \_\_\_\_\_ School Contact Email: \_\_\_\_\_

Social Worker \_\_\_\_\_ Speech/Language Pathologist \_\_\_\_\_

Main Language: \_\_\_\_\_ Is English Understood at home? Yes  No

### 2. Specialists or Agencies Involved:

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral to and/or involvement with other agencies or professionals:

- |   |   |
|---|---|
| <input type="checkbox"/> BC Children's Hospital   | <input type="checkbox"/> Private Physiotherapist/Private Occupational Therapy |
| <input type="checkbox"/> Sunny Hill Health Centre | <input type="checkbox"/> OT Fine Motor Consultation/Waitlist/Referral         |
| <input type="checkbox"/> Centre for Ability       | <input type="checkbox"/> Other  |

Clinics/Names: \_\_\_\_\_

Pertinent Medical History: (including diagnosis, seizures, medications)

- Diagnosis: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_

**Reason for Referral:**

Primary concern from the school:

---

---

Primary concern from family:

---

---

Physical concerns: *Please check off and explain if the child is having difficulties in any of the following areas:*

- |   |  |
|---|--|
| <input type="checkbox"/> Safety                                 | <input type="checkbox"/> Mobility (walkers, wheelchair, walking)     |
| <input type="checkbox"/> Transfers                              | <input type="checkbox"/> Building accessibility (including bathroom) |
| <input type="checkbox"/> Equipment - commodes, orthoses/splints |  |

Describe:

---

---

School Performance concerns: *Please check off and explain if the child is having difficulties in any of the following areas:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Balance               | <input type="checkbox"/> Running                      | <input type="checkbox"/> Behaviour       |
| <input type="checkbox"/> Strength              | <input type="checkbox"/> Jumping                      | <input type="checkbox"/> Attention       |
| <input type="checkbox"/> Coordination          | <input type="checkbox"/> Climbing                     | <input type="checkbox"/> Hearing/Vision  |
| <input type="checkbox"/> Fatigue               | <input type="checkbox"/> Learning New skills          | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Ability to follow directions | <input type="checkbox"/> Other _____     |

Describe:

---

---

Is the child currently performing at grade level in all areas of the academic curriculum?  Yes  No

If no, what areas are being modified?

---

---

How does the concern interfere with school activities?

---

---

What have you already tried to help the student with this concern?

---

---

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Legal Guardian has been contacted about this referral and given verbal consent for initial assessment?

- Yes  No

## Functional Movement in the School Environment

It is often assumed that all students who have a disability will require physiotherapy. This is not always the case and it is important to determine the child's functional mobility and the impact that any difficulties have on the child's ability to participate in school.

Please complete the following checklist:

1. Requires assistance or lifting to move from one position or activity to another – describe the type of assistance needed:

<input type="checkbox"/> None – Independent	<input type="checkbox"/> Lifted by two persons
<input type="checkbox"/> Independent but needs supervision	<input type="checkbox"/> Lifted using a mechanical lifting device
<input type="checkbox"/> Assisted standing transfer – 1 or 2 persons	<input type="checkbox"/> Other: _____
  
2. Uses a wheelchair or other mobility aid:

<input type="checkbox"/> Uses crutches	<input type="checkbox"/> Uses power wheelchair
<input type="checkbox"/> Uses walker – describe type	<input type="checkbox"/> Uses an adapted tricycle
<input type="checkbox"/> Uses manual wheelchair	<input type="checkbox"/> Other: _____
  
3. Uses splint or other orthotic device at school

<input type="checkbox"/> Ankle Foot Orthoses (ankle splint)	<input type="checkbox"/> Shoe inserts
<input type="checkbox"/> Thoracic Lumbar Sacral Orthoses (back brace)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Knee Ankle Foot Orthoses (leg brace)	<input type="checkbox"/> Do they come on/off at school
  
4. Other specialized equipment/furniture

<input type="checkbox"/> Desk	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Standing frame	<input type="checkbox"/> Other: _____
  
5. Physical/Mobility concerns (please describe in detail)

<input type="checkbox"/> Has difficulty changing positions as required at school (e.g. down to and up from the floor) Describe: _____
<input type="checkbox"/> Has difficulty negotiating stairs – Describe: _____
<input type="checkbox"/> Falls often – Describe: _____
<input type="checkbox"/> Other: _____

Please provide additional information especially if there are:

- Health and safety concerns
- Issues regarding the child's accessibility to school and the ability to participate in the school program.

---

---

---

---

---