

**GAIT ANALYSIS REFERRAL FORM**

**NAME:**  
**ADDRESS:**

**POST CODE:**  
**TEL NO:**  
**DOB:**

**REFERRING PHYSICIAN/SURGEON**  
**NAME:**  
**ADDRESS:**

**POST CODE:**  
**TEL NO:**

**GENERAL PRACTITIONER**  
**NAME:**  
**ADDRESS:**

**POST CODE:**  
**TEL NO:**

**ANALYSIS REQUIRED:**

Video	<input type="checkbox"/>	Kinematics	<input type="checkbox"/>
Kinetics	<input type="checkbox"/>	EMG	<input type="checkbox"/>
Physiological cost index	<input type="checkbox"/>	Interpretation	<input type="checkbox"/>

**DIAGNOSIS(ES)/IMPAIRMENTS**

- 1.
- 2.
- 3.
- 4.

**MEDICATION**

- 1.
- 2.
- 3.
- 4.

**WALKING AIDS:**

AFOs	<input type="checkbox"/>
Crutches	<input type="checkbox"/>
Walker	<input type="checkbox"/>
Approx stride length	<input type="checkbox"/>

**LEVEL OF WALKING ABILITY:**

Community independent	<input type="checkbox"/>
Household	<input type="checkbox"/>
Therapy only	<input type="checkbox"/>

**BEHAVIOUR/MATURITY:**

Appropriate for age

Delay for age

Unable to follow commands  
from unfamiliar people

**APPROXIMATE HEIGHT (metres):**

1.0 → 1.2m

1.2 → 1.4m

1.4 → 1.6m

greater than 1.6m

**CRITICAL FOR SYSTEM CALIBRATION**

**CURRENT TREATMENT CONSIDERATIONS:**

**PREVIOUS SURGERY (DETAILS AND DATES):**

**NAMES OF CLINICIAN INVOLVED IN CARE:** (Physician/Surgeon/Therapists)

Signed:

Date:

Designation:

Please return completed to:

Mr S Attfield, Acting Head of Department,

Motion Analysis Laboratory, Southern Derbyshire Acute Hospitals NHS Trust, Derby Royal Infirmary, London Road,  
Derby, DE1 2QY.