

GAIT ANALYSIS REFERRAL FORM

NAME:
D.O.B:
ADDRESS:

POST CODE:
TEL NO:
HOSP NO:

REFERRER
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

Crutches

Walker

Approx stride length

LEVEL OF WALKING ABILITY:

Community independent

Household

Therapy only

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, Lead Bioengineer

**Gait & Movement Laboratory, Derby Hospitals NHS Foundation Trust, Derby Royal Infirmary,
London Road, Derby, DE1 2QY.**