

Car seat referral form



NOTE: Please complete all sections in BLOCK CAPITALS. If an interpreter is required, this will need to be arranged privately.

your details

Child's Name D.O.B

Gender Female Male Non-Binary Prefer not to say

Address

Parent/Carer Contact Name

Phone Number Email

medical information

Child's diagnosis:

Mobility (please include details of any mobility equipment used and relevant postural support):

Any special needs (eg tilt, swivel base, feeding tubes, oxygen, pressure relief, challenging behaviour etc):

Trunk control/deformities:



Height (CM) Weight (KG)

Any concerns about the parent/carers health:

Reason for referral:

vehicle information

Current car seat/travel method:

Vehicle the car seat will be fitted in:

Make Model

Additional comments:

for office use only

Therapist name (PRINT) Date

Therapist signature Role

Email Phone number

Work based address

freedom to move

Head Office Patrick Farm Barns, Meriden Road, Solihull, B92 0LT
T 0300 300 2240 E info@rdac.co.uk W rdac.co.uk