

DISABILITY PROFILE

Diagnosis

Briefly describe the nature of the client's disability and how it impedes their ability to achieve their identified goals as related to the perceived need for assistive technology.

What previous solutions (including low-technology or no-technology) have already been trialled or are currently being used? Please comment on the success of these.

Include any additional information relevant to this referral here. This might include information on education, employment, or details of any relevant others involved.

Referrer please sign and date: _____ Date: ____/____/____

Case Managers - please forward all recent relevant assessment & provider reports with this referral.

This section to be completed by the Burwood Assistive Technology Centre

Date referral received: ____/____/____

Referral accepted: ____/____/____

Assessment Coordinator Assigned: _____

Comments:

When completed please return to:

Burwood Assistive Technology Centre
Allan Bean Centre
Burwood Hospital
Private Bag 4708
CHRISTCHURCH 8041