EMERALD MEDICAL GROUP
BIG SMILES, LITTLE STEPS

Self-Referral Form

Paediatric Physiotherapy Assessment

How to use this form

Complete all relevant fields directly in this PDF and tick the boxes that apply.
Sign electronically on the next page and email the completed form to:

wseokche@chhealth.com.au · 1 Pilot Farm Road, Emerald QLD 4720 · 07 4986 7400

Child's Details

Child's Name

Date of Birth

Year Level

Parent / Guardian Details

Parent / Guardian Name

Phone

Email

Reason for Referral

Tick all that apply.

- ☐ Gross motor difficulty (running, jumping, balance)
- ☐ Poor coordination / clumsiness
- ☐ Reduced strength or endurance
- ☐ Attention / following instructions difficulties
- ☐ Postural concerns
- ☐ Fine motor difficulties (handwriting, coordination)
- ☐ Difficulty with sports / playground activities
- ☐ Delayed motor milestones
- ☐ Sensory-related difficulties

Other (please specify)

Observed Difficulties (parent input)

Brief description of concerns at home.

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Impact · Diagnoses · Funding · Signature

Impact on Function / Participation

Tick all that apply.

- ☐ Difficulty keeping up with others
- ☐ Avoids physical activity
- ☐ Struggles with creative tasks (writing, sitting posture)
- ☐ Reduced confidence / participation with others
- ☐ Behavioural frustration linked to tasks

Other (please specify)

Diagnosed Conditions (if known)

Optional. Tick any that currently apply.

- ☐ ADHD
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Developmental Coordination Disorder (DCD)
- ☐ Global Developmental Delay
- ☐ Sensory Processing Differences
- ☐ Not formally diagnosed

Other diagnosis (please specify)

Please bring any diagnosis letters and documentation with you to the consult OR email them to wseokche@chhealth.com.au.

Previous / Current Supports

- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Speech Therapy
- ☐ Learning Support
- ☐ None

Other supports (please specify)

Funding

- ☐ Self-Funded / Private
- ☐ NDIS Plan Managed
- ☐ NDIS Self-Managed
- ☐ NDIA Managed

Electronic Signature

Type your full name in the Signature field below — this typed signature is your electronic signature under the Electronic Transactions Act 1999 (Cth).

Signature (Parent / Guardian)

Date