WestMARC Clinical Gait Analysis Referral Form

Main office: WestMARC, Queen Elizabeth University Hospital Campus, 1345 Govan Road, Glasgow, G51 4TF

☎ 0300 790 0129 ✉ ggc.westmarc@nhs.scot

- This referral should be completed having read guidance on WestMARC website: https://rightdecisions.scot.nhs.uk/ggc-westmarc/gait-lab-glasgow-clinical-gait-analysis-service/
- This form must be completed in full. Failure to do so may result in your referral being delayed, or rejected. Please write information in full and do not use abbreviations.

Section 1: Patient Details

Title:		CHI number:	
Forename(s):		Surname:	
Date of birth:		Sex:	
Tel (home):		Tel (mobile):	
Email:			

Home address & postcode:

Communication requirements: e.g. Interpreter, communication via carer, visual impairments.

Section 2: GP Details

GP Practice name:		GP practice number:	
Telephone:			

Surgery/practice address & postcode:

Section 3: Clinical Information

Primary diagnosis: Please include all known conditions. Please do not use abbreviations.

Any other relevant clinical information

☐ Additional clinic note attached

Walking aids used (select all that apply):					
Walking frame	☐	Elbow crutch(es)	☐	Stick(s)	☐
Manual wheelchair	☐	Powered wheelchair	☐		☐

Details of any previous medical or surgical intervention (including dates):

Details of any planned/proposed medical or surgical intervention:

Primary reason for referral / problem to be addressed:

Current management at home/school/work (therapies, orthoses, medication):

Section 4: Patient's MDT Details (e.g. Orthopaedics, Neurology, Neurosurgery, Community Physiotherapy, Orthotics)

Name	Profession	Email address

Section 5: Assessment Timing

Please indicate when you would like the patient to be assessed.

As soon as possible ☐	Future review between the dates of:	and

Section 6: Referral Details

☐ By checking this box I confirm that I have read and understood the eligibly criteria and associated information on the website

Referrer name:		Position:	
Contact telephone:			
Email address:			

Please save this form in PDF format and email a copy to: ✉ **ggc.westmarc@nhs.scot**