



freedom
wheels

Powered by TADTas

Freedom Wheels Bike Program Referral Form

Please provide all information requested. Failure to do so will slow down the referral process

Client details:

Name: _____ Female /Male D.O.B.: _____

Address: _____

_____ Postcode: _____

Diagnosis: (if known) _____

Carer details:

Name _____ Relationship to client _____

Phone: Home: _____ Work: _____ Mobile: _____

Address: (if different from client) _____

_____ Postcode: _____

E-mail: _____ Please provide. This will be used for follow up contact.

Referrer/ therapist details:

Role: _____ E-mail: _____

Phone: Work: _____ Mobile: _____

Address: _____

_____ Postcode: _____

Funding Options

Client current status:

Not eligible for NDIS – List other funding source (*including self-purchase*) _____

Eligible for NDIS but not currently a participant

Currently an NDIS participant with a plan including Assistive Technology

Currently an NDIS participant but plan does not include Assistive Technology

If you have an NDIS plan, how is it managed?

Self managed

NDIA managed

Managed by Plan Management Provider _____

NDIS participant number _____

Any further NDIS information you wish to provide _____



Freedom Wheels is a partnership
between TADTas, and St Giles.

Has the client ever ridden a bike? Yes/ No What issues were encountered?

Help us determine the bike size needed:

Client height: _____ cm

Client weight: _____ kg

Inside leg measurement: (measured from inner groin to heel of foot) _____ cm

(NB minimum inner leg length for riding is 42cm so a bike may not be an immediate option)

Current Mobility: (choose one)

- | | |
|--|---|
| <input type="checkbox"/> Walks unaided | <input type="checkbox"/> Walks using equipment such as a walker or crutches |
| <input type="checkbox"/> Walks holding a carer's hand | <input type="checkbox"/> Propels their own manual wheelchair |
| <input type="checkbox"/> Drives their power wheelchair | <input type="checkbox"/> Is pushed in their manual or power wheelchair |
-

Does the client need support to hold their head up or sit up?

Are there any restrictions to joint movement at the hip or knee? _____

What current supports are used in the child's wheelchair?

- | | |
|---|---|
| <input type="checkbox"/> Head rest | <input type="checkbox"/> Thoracic lateral |
| <input type="checkbox"/> Pelvic lateral | <input type="checkbox"/> Harness |
-

Consent

I acknowledge:

That information on this form will be used by program partners St Giles and TADTas in furthering the referral, and that information may be entered and held in databases that are designed to facilitate the referral to and management of the Freedom Wheels bike program.

That I will consent to follow up discussions that are designed to effect delivery of a Freedom Wheels modified bike.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Please forward this completed form to TADTas

Email: info@tadtas.org.au

Ph In Tasmania 1300663243

Mobile 0419237793

Outside Tasmania 03 62237794

Post: P.O. Box 519 Sandy Bay 7006



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