

## The Motion Lab Requisition for Gait Analysis at Sunny Hill Health Centre

<b>Patient Criteria:</b> 1. Minimum age is 5 years 2. Must be able to cooperate for a minimum of 2 hours 3. Must be capable of ambulation	<b>Motion Lab Use Only</b>  <b>Urgent Routine</b> Date Rec'd <input style="width: 80%;" type="text"/>
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Patient's Name (first last) <input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/>	
BCCH Medical Record # <input style="width: 20%;" type="text"/>	Personal Health Number <input style="width: 20%;" type="text"/>
Diagnosis <input style="width: 30%;" type="text"/>	Parents Names <input style="width: 50%;" type="text"/>
Patient's Address <input style="width: 95%;" type="text"/>	
City <input style="width: 20%;" type="text"/>	Province <input style="width: 15%;" type="text"/> Postal Code <input style="width: 15%;" type="text"/>
Patient's Phone # <input style="width: 20%;" type="text"/>	Date of Birth <input style="width: 20%;" type="text"/> Sex <input style="width: 10%;" type="text"/>

Referrer: <input style="width: 35%;" type="text"/>	Referrer's Phone: <input style="width: 20%;" type="text"/>
Previous Gait Studies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seen at Sunny Hill before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relevant Surgeries and Dates (past and planned): <input style="width: 95%; height: 40px;" type="text"/>	Type of Orthosis or Bracing <input style="width: 95%; height: 40px;" type="text"/>

<b>Referral Request</b>	What question(s) are you hoping a gait analysis will help answer? <b>**REQUIRED**</b>
Video <input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%; height: 100%;" type="text"/>
Motion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Force <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMG <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the Physical Therapist for this child? <input style="width: 95%;" type="text"/>

Comments <input style="width: 95%;" type="text"/>
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Referrer Signature <input style="width: 95%;" type="text"/>	Date of Request: <input style="width: 80%;" type="text"/>
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The Motion Lab is located at Sunny Hill Health Centre at BC Children's Hospital

4500 Oak St, Vancouver, B.C., V6H 3N1

Motion Lab Booking Telephone (604) 453-8318

Requisition Fax Number (778) 504 9769

Revision Date: 5/6/2024