Physiotherapy referral information for children 4 to 8 years
Child Development Service

Child’s Name: ____________________________________ Child’s Date of Birth: __________________________

Date form completed: __________________________________

This checklist is designed to provide additional information to support a referral to Physiotherapy at the metropolitan Child Development Service (CDS). It should be completed by a health or education professional with knowledge of a child obtained through direct observation over a period of time. This checklist should be accompanied by a CDS referral form.

1) Gross Motor Skills
- Difficulties running
- Difficulties with jumping
- Difficulties with hopping
- Difficulties with activities requiring rhythm and co-ordination eg galloping, skipping (4 years) star jumps, hopscotch (6 years)
- Difficulties with ball skills eg throwing/catching/kicking large and small balls
- Difficulties with using two hands together in play
- Movements seem shaky
- Movements seem stiff
- Movements seem floppy
- Avoidance of physical activities/tasks
- Difficulty moving under/over/around and through equipment
- Difficulty copying body positions from physical demonstration

2) Balance
- Unable to stand on one leg for 10 seconds
- Is fearful above the ground on a beam or frame
- Needs to use hands regularly to assist and stabilise
- Frequently bumps into items when moving around the classroom
- Frequently trips over
- Dislikes rocking, swaying, swinging or spinning, dislikes ‘moving’ playground equipment e.g. swings/trampoline
3) **Posture**
- Poor standing posture
- Feet or legs appear turned inwards, causing tripping when walking
- Slumped sitting posture, increased reliance on arms for support (e.g. propping)
- Habitually walking on toes

4) **Independence, Play Skills and Community Activities**
- Appears unfit, unable to keep up with peers
- Difficulties climbing up and down stairs with alternate strides
- Difficulties negotiating playground equipment (monkey bars ~ 6 years)
- Difficulties cycling a bicycle with (4 years) or without (6 years) training wheels
- Difficulties organising balance/position to dress or undress independently

5) **Additional information regarding the child’s strengths or areas of difficulty in physical activities:**

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Name: 

Agency/School: 

Agency/School address: 

Agency/School phone number: 

Email: 

Please return this checklist and CDS referral form to childdevelopmentservice@health.wa.gov.au

This document can be made available in alternative formats on request for a person with a disability.

This publication is provided for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed.