



Physiotherapy referral information for children 4 to 8 years

Child's name: _____ Child's date of birth: _____

Date 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

- Difficulty running
- Difficulty with jumping
- Difficulty with hopping (5 years)
- Difficulty with activities requiring co-ordination e.g. galloping/skipping (4-5 years) star jumps/hopscotch (6 years)
- Difficulty with ball skills e.g. throwing/catching/kicking
- 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
- Unable to walk along a wide >20cm beam (4 years) or narrow beam (5 years)
- 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
- Excessive tripping and falling when walking
- Slumped sitting posture, increased reliance on arms for support (e.g. propping)
- Habitually walking on toes

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4. Independence, play skills and community activities

- Difficulty climbing up and down stairs with alternate strides
- Difficulty negotiating playground equipment (monkey bars ~ 6 years)
- Difficulty organising balance/position to dress or undress independently

5. Additional information regarding the child's strengths or areas of difficulty in physical activities (20 line limit):

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Name: _____

Agency/School: _____

Agency/School address: _____

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Agency/School phone number: _____

Email: _____

Please submit as an attachment to the online CDS referral form at cahs.health.wa.gov.au/CDSreferrals or via email as directed by the child's clinician.