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| --- | --- | --- | --- | --- | --- |
|  | | **Request for EMS Advice and**  **Outcome Summary**  **Ph: 0800 171 995** | | | |
| Client details | Family Name: | | First Names | Date of birth: | NHI: |
| Address: | | | | | |

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| EMS Assessor details | | | |
| Name: | AEA No.: | Preferred Time/Day  for contact: | Preferred Contact  Method: |
| Work Phone: | Mobile: | | Email: |

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| Eligibility details |
| Diagnosis: |
| If not listed, please state: |
| Disability/Functional loss: |
| Resides: |

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| EMS Advice Requested  Mandatory consultation  Optional consultation |
| Equipment: |
| Housing: |
| Vehicle: |
| If optional consultation selected, please indicate which area(s):  Eligibility  Access criteria / related need  Proposed solution / cost effectiveness |

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| Explanation of situation/issues |
| Background information Click here to enter your text  *Click in this field and Press F1 for tips* |
| Functional limitation Click here to enter your text  *Click in this field and Press F1 for tips* |
| Clinical reasoning Click here to enter your text  *Click in this field and Press F1 for tips* |
| Proposed solution |

|  |  |
| --- | --- |
| Attachments Included (where applicable) | |
| Existing sketch  Equipment quote  Evidence of FT tertiary study  Photos or Video  Evidence of FT employment | Eligibility for LT-CHC funding  Proposed modification sketch  Wheel or Power chair specification form  Evidence of voluntary work  Evidence of main carer |

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|  | | **Request for EMS Advice and**  **Outcome Summary**  **Ph: 0800 171 995** | | | |
| Client details | Family Name: | | First Names | Date of birth: | NHI: |

***For EMS Advisor use only***

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| Overview/Outcome of consultation |
| **Discussion notes** |
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| **Funding History** |
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| **Agreed Outcome** |
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## EMS Advisor recommendation:

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| Request meets MoH criteria, consider proceeding to Prioritisation Tool with client  Request does not meet MoH criteria, consider alternative solutions  Further investigation required by EMS Assessor before being able to proceed to Prioritisation   Tool  Other: |

Date completed: Click or tap to enter a date.

Name:

Designation:

Click on the icon  below to paste in any photos, sketches, etc.

 

 