# Request for EMS Advice and Outcome Summary

## Completed by EMS Assessor

### Person’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Family Name] | **First Name (s)** | [First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |
| **Address** | Enter text | **Email** | Enter text |

### EMS Assessor’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Enter text | **AEA No.** | Enter text |
| **Phone** | Enter text |  |  |
| **Email** | Enter text. |
| **Preferred method of contact:** | Choose an item |
| **Preferred time/day for contact:** | Enter text |

### Eligibility Details

**Primary Diagnosis:** Choose an item **Coexisting condition or other:** Enter text

**Resides:** Choose an item **If not listed, please state**: Enter text

**Funding Stream:** Choose an item

### EMS Advice Requested

[ ] Mandatory Consultation

[ ] Optional Consultation

**Equipment** Choose an item

**Housing** Choose an item

**Vehicle** Choose an item

### Explanation of Situation

**Background Information** (e.g., person’s social & living situation, roles, relevant history, services or supports)

Click or tap here to enter text.

**Current Functional Ability** (e.g., person’s current equipment, strengths, and functional limitations/disability)

Click or tap here to enter text.

**Person’s Goals or Aspirations**

Click or tap here to enter text.

**Clinical Reasoning for your proposed solution** (including alternative options considered)

Click or tap here to enter text.

**Proposed Solution** (list your specific or preferred options if known)

Click or tap here to enter text.

### Include Attachments (where applicable)

|  |  |
| --- | --- |
| * Existing & proposed modification sketch (include measurements)
* Equipment quote
* Manual or Powerchair specification form
* Photos or video
 | * Confirmation of LTS-CHC funding
* Evidence of main carer
* Evidence of full-time tertiary study
* Evidence of voluntary work
* Evidence of full-time employment
 |

## Outcome of Consultation – Completed by Clinical Services Advisor

### Consultation Notes/Advice

Click or tap here to enter text.

### Previous Funding History

Click or tap here to enter text.

### Consultation Outcome

Click or tap here to enter text.

[ ]  Solution meets Disability Support Services (DSS) access criteria, proceed to the DSS|EMS Portal.

[ ]  Solution does not meet DSS access criteria, consider an alternative solution.

[ ]  Other: Enter text

**Date Completed**  Enter a date

**Clinical Services Advisor** Choose an item

**Designation**  Choose an item

Click on the icon below to paste in any photos (not related to a housing modification)

  

 

  