# 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 Whaikaha access criteria, proceed to the Whaikaha EMS Portal.

Solution does not meet Whaikaha 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)

  

 

  