



Shriners Hospitals
for Children™

Please complete form and return with patient's medical summary to:

Shriners Hospitals for Children, Chicago
Motion Analysis Laboratory
2211 N. Oak Park Ave.
Chicago, IL 60707
(773)385-5455/Fax (773)385-5459

FAX to MAL, attn: Kathryn Reiners (MAL Coordinator)

PATIENT INFORMATION

Patient Name:	Date of Birth:	Day Phone Number:
Address, City, State, Zip Code:		Evening Phone Number:
		Phone Number:
Referring Physician:		
Diagnosis (ICD 9 Code):		
GMFCS Level:		
Chief Complaint or Reason for Referral:		
Treatment being considered:		
Previous Surgeries? (Specify):		
Special Medical Considerations:		
Additional Comments:		

REFERRAL

<input type="checkbox"/> Gait Analysis (includes kinematics, kinetics, EMG, physical exam, functional outcome measures and video)
<input type="checkbox"/> Video Gait Study (includes physical exam and functional outcome measures)
<input type="checkbox"/> Foot Pressure Study (includes physical exam, pressure analysis and video)
<input type="checkbox"/> Computerized Dynamic Posturography (Neurocom Smart Equitest System)
<input type="checkbox"/> Energy Consumption (Cosmed K4b2 system, includes resting and active states)
<input type="checkbox"/> Wheelchair Evaluation (includes SMARTwheel report and video)
<input type="checkbox"/> Quantitative Strength Assessment (Biodex System III Dynamometry)-Muscle Group:
Additional Requests:

Motion Analysis Laboratory Non-Shrine Patient Referral Form
For Internal Use Only:

MD Approval

Date