



MOTION ANALYSIS LAB REFERRAL FORM

FAX form to 513-636-7975

Motion Analysis Lab
3430 Burnet Ave Suite 4.312
Cincinnati, Ohio 45229-3039

Please attach notes from most recent clinic visit.
Call 513-803-3192 with questions on completing this form.

PATIENT INFORMATION

Patient's Name: _____ Gender: _____ CCHMC MR#: _____
Weight: _____ kg Height: _____ cm Allergies: None Drug/Contract Food Product/Latex
Specifics: _____
Date of Birth: _____ Parent/Guardian: _____
Home Phone: (_____) Phone # (preferred): (_____)

REASON FOR APPROVAL

History / Symptoms / Potential diagnosis / Special needs:

List orthotics and/or assistive devices typically used:

SERVICES REQUESTED

Standard Gait Analysis	Additional Assessments
<input checked="" type="checkbox"/> Physical Exam: Lower extremity range of motion and strength <i>Note: All services will require physical exam unless previously discussed with MAL staff. Call 513-803-3192 with questions.</i> <input type="checkbox"/> Kinematics & Kinetics: Lower extremity joint motion and loading <i>Note: Kinetic analysis may be limited by assistive device use.</i> <input type="checkbox"/> Pedobarography: Foot pressure patterns during walking <input type="checkbox"/> Electromyography: Muscle activity <input type="checkbox"/> Standard muscles (bilateral): rectus femoris, medial hamstrings, tibialis anterior, gastrocnemius <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Posturography: Balance <input type="checkbox"/> Strength: Standard testing is isokinetic at slow and fast speeds <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Energy Cost: Oxygen consumption while walking during 1-min or 6-min Walk Test <input type="checkbox"/> Other (specify): _____ _____

REQUESTING PRACTITIONER / GROUP

Physician Name _____
Contact Person _____ Telephone _____
Office Address _____ Fax _____
Print Name _____ Time: _____ Date: _____
Signature / Credentials of ordering Practitioner _____

