Government of Western Australia
East Metropolitan Health Service

Rehabilitation Engineering Clinic
Health Technology Management Unit
Level 2 - State Rehabilitation Centre, FSH
20 Fiona wood Road, MURDOCH WA 6150
T: 08 6152 7047
Email: FSH.Referrals@health.wa.gov.au

RESTRAINT REQUEST FORM

Please complete and submit via eReferral.

TYPE OF RESTRAINT

Ankle ☐
Foot ☐
Chest ☐
Forearm ☐
Wrist ☐
Pelvic Belt: Standard ☐ Tamper proof ☐

Any other requirements please mention in the description box below:

Patient's UMRN	
Patient's Name	

In line with the coroner's recommendations (Reference 21/99, dated 11th June 1999) the Rehabilitation Engineering Clinic requires the following authorisation / declaration:

Medical Authorisation: I have authorised the fitting of the above restraint for the above-named person when they are seated in their Rehabilitation Engineering Clinic wheelchair and understand the risks associated with prescribing it as specified in the relevant site policy referred in the links below.

Doctor's signature	
Print Doctor's name:	
Doctor's HE number/ provider number:	
DATE	

Therapist Declaration: I agree to ensure that I will check that the above requested restraint is fitted and adjusted correctly when setting up the person in the wheelchair and will monitor use as per relevant site policy:

Therapist name & phone / pager number:	
Date:	

RPBG Safe Use and Management of Patient Restraints

FSH Policy Restraint in Non Mental Health Areas

Use of Restrictive Practices in Non-Authorised Healthcare Settings Policy