

SPECIFICATION TEMPLATE FOR PROVISION OF AN ELECTRIC POWERED WHEELCHAIR (PWC)

Client Name		Telephone No	
Address		Midshires Rep	
		OT Present	
		Date Of Assessment	

MEASUREMENTS	CLIENT	SEAT
Height		
Weight		
Hip Width (A)		
Back Of Knee To Back Of Hip (B)		
Back Of Knee To Floor (C)		
Seat To Top Of Head (D)		
Trunk (E)		



INTENDED ENVIRONMENTAL USE OF PWC

Indoor Only	<input type="checkbox"/>	Outdoor Only	<input type="checkbox"/>	Indoor/Outdoor	<input type="checkbox"/>	Outdoor/Indoor	<input type="checkbox"/>
Pavement Use	<input type="checkbox"/>	Road Use	<input type="checkbox"/>	Rural Use	<input type="checkbox"/>	Other	<input type="checkbox"/>

SEATING REQUIREMENTS

Standard	<input type="checkbox"/>	Comfort	<input type="checkbox"/>	Supportive	<input type="checkbox"/>	Headrest	<input type="checkbox"/>
Pressure Care	<input type="checkbox"/>						

JOYSTICK CONTROL REQUIREMENTS

Right Hand	<input type="checkbox"/>	Left Hand	<input type="checkbox"/>	Carrot Stick	<input type="checkbox"/>	Golf Ball	<input type="checkbox"/>
Swing Away	<input type="checkbox"/>	Occupant Control	<input type="checkbox"/>	Attendant Control	<input type="checkbox"/>	Dual Control	<input type="checkbox"/>

LEG REST REQUIREMENTS

Swing Away	<input type="checkbox"/>	Centre Plate	<input type="checkbox"/>	Static	<input type="checkbox"/>	Elevating	<input type="checkbox"/>
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SEATING POWERED OPTIONS

Tilt In Space	<input type="checkbox"/>	Seat Riser	<input type="checkbox"/>	Backrest	<input type="checkbox"/>	Leg Rest	<input type="checkbox"/>
Alters centre of gravity to reduce pressure on IT's and assist with pressure care		Aids standing and allows more sociable height of interaction		Reclining to assist with back/neck comfort & positioning		Powered elevation to aid circulation, swelling, comfort & positioning	

IS THE PWC TO BE USED IN CONJUNCTION WITH A VEHICLE?

WAV	<input type="checkbox"/>	Car	<input type="checkbox"/>	Public Transport	<input type="checkbox"/>	NO	<input type="checkbox"/>
Ramps Required?	<input type="checkbox"/>			Hoist Required?	<input type="checkbox"/>		
Vehicle Make / Model							