

INFORMATION FOR SEATED POSITION

Ability of withholding a normal seating position: YES / NO

Hips, knees in good position YES / NO

If NO, please explain : _____

BODY DIMENSIONS:

Height: _____ cm

Hip distance _____ cm

Length of thigh _____ cm

Weight: _____ Kg

Height of back _____ cm

Height of head _____ cm

Length of leg _____ cm

Other _____ cm

DESCRIPTION OF WHEELCHAIR

a= width : _____ cm/inches

b= depth: _____ cm/inches

c= height from ground: _____ cm/inches

d= height of arms from seat : _____ cm/inches

e= back height: _____ cm/inches

f= petals height: _____ cm/inches



Wheelchair model: _____

This specific model is only offered from one company and therefore only one quotation is being attached, because of the specific needs of the applicant which are :

Pillow: Type _____ Width _____

Other observations: _____

Additional equipment: eg. type of handles, belts, cases, back type

Observation needed: House visit _____

Review period: _____

Name and surname of therapist: _____

Address: _____

Physiotherapist's signature

Date: _____

Date: _____

Applicant's/Guardian's Signature