

PHYSIOTHERAPIST'S RECOMMENDATION FORM FOR THE REPAIR OF A WHEELCHAIR

WHEELCHAIR TYPE

Handled by the applicant Handled by the caregiver
Basic Type Light weight Very light weight Electric

DATE OF PURCHASE OF WHEELCHAIR

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DATE OF PREVIOUS FUNDING FOR THE PURPOSE OF REPAIRMENT AND/OR FOR THE PURPOSE OF PURCASING

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DESCRIPTION AND COMMENTSON REQUIRED REPAIRMENTS

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EXPECTED EXPENSE OF REQUIRED REPAIRMENTS (IF POSSIBLE)

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Name and surname of therapist: _____

Address: _____

Physiotherapist's signature

Date: _____

Applicant's/Guardian's Signature

Date: _____