

SHOWER COMMODE: COMPLEX SPECIFICATIONS

FOR OFFICE USE ONLY	
Application No. _____	
Received dd / mm / yyyy _____	

This form is to be used when requesting complex shower commodes. Please include the completed form with your Complex Equipment Application.

Assessor Name _____ AEA No. _____

Person's Name _____ Date dd / mm / yyyy _____

Important: Please provide the Person's Weight & Height details.

Person's Weight _____ Person's Height _____

Please Select: Purchase Trial

COMMODE TYPE

Note: Items that have a * beside them require description of the essential disability related need to be included in the application.

Please indicate Model and Supplier:

Select type from the list below.

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Attendant propelled | <input type="checkbox"/> Self propelling | <input type="checkbox"/> Recliner* |
| <input type="checkbox"/> Tilt 'n' space* | ¹ <input type="checkbox"/> Custom* | <input type="checkbox"/> Folding* |
| <input type="checkbox"/> Heavy Duty* | <input type="checkbox"/> Paediatric* | |

¹ Include itemised quote from supplier

For Paediatric shower commodes specify type, size and components of the shower/commode you are requesting:

Notes:

BRAKES

Attendant Propelled Commodes

- Front Castors Back Castors All 4 Castors

Note: Self Propelling Shower Commodes have standard brakes.

SEAT OPTION

Padded Open Front Left Right Rear

Padded Closed

Custom* Or Other*

BACK REST AND HEAD SUPPORTS

- Back Padded Strapped No Preference Reclining*
 High Back* Head Rest* Lateral Supports*

Custom* Or Other*

Person Name _____ Assessor Name: _____

ARM REST

- Swing-Up Arms
 Removable Arms
 Padded Arms*
 Padded Gutter Supports*

Custom* Or Other*

FOOT PLATES

- Standard Swing Away Footrests
 One Piece Sliding Footplates
 Stump Supports*
 Left
 Right
 Elevating Leg Rests*
 Left
 Right

Custom* Or Other* **ACCESSORIES**

- Bedpan & Carrier
 Calf Straps*
 Chest Strap*
 Anti Tip Bar*
 Pelvic Strap*
 4 Point Harness*

Custom* Or Other*

FURTHER INFORMATION**POINTS TO REMEMBER**

- Toilet seat height.
- Height of bed if relevant for transfers.
- If toilet is wall hung - does this allow commode seat to align over the toilet seat?
- Is there a side draining pipe - does this allow commode seat to align over the toilet seat?
- If requesting a reclining back, does it clear the cistern?
- As a result of provision of this commode will housing modifications be required?
 - Yes**, A housing application is to be (or has been) forwarded to **accessible**
 - No**