

WHEELCHAIR: COMPLEX SPECIFICATIONS

FOR OFFICE USE ONLY

Application No _____

Received / / /

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

Assessor Name _____ AEA No. _____

Person's Name _____ Date / / /

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

Person's Weight _____ Person's Height _____

Please Select: Purchase Trial Backup (Manual for Powerchair)

WHEELCHAIR TYPE: (PLEASE TICK THE BOXES APPLICABLE TO YOUR APPLICATION)

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

MANUAL

- | | | | |
|---|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Standard Lightweight | <input type="checkbox"/> Self Propelling | <input type="checkbox"/> Transit | <input type="checkbox"/> Buggy |
| <input type="checkbox"/> Ultra Lightweight | <input type="checkbox"/> Folding | <input type="checkbox"/> Fixed | <input type="checkbox"/> Camber _____ |
| <input type="checkbox"/> Heavy Duty* | <input type="checkbox"/> Other* (please specify) _____ | | |

POWER

- | | | | | |
|---|---|------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Rear Wheel Drive | <input type="checkbox"/> Mid Wheel Drive* | Controller | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other * (please specify) _____ | | | | |

FEATURES

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Low Line | <input type="checkbox"/> Manual Recliner* | <input type="checkbox"/> Manual Tilt 'n' Space* | <input type="checkbox"/> Amputee |
| <input type="checkbox"/> Tick if a specific seat to floor height is required | | Height _____ cm | |
| <input type="checkbox"/> Other* (please specify) _____ | | | |

SEAT SIZE

- | Width | Depth | Width | Depth | Width | Depth |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> 35cm (14") X 40cm (16") | | <input type="checkbox"/> 45cm (18") X 40cm (16") | | <input type="checkbox"/> 50cm (20") X 45cm (18") | |
| <input type="checkbox"/> 40cm (16") X 40cm (16") | | <input type="checkbox"/> 45cm (18") X 45cm (18") | | <input type="checkbox"/> 50cm (20") X 50cm (20") | |
| <input type="checkbox"/> 40cm (16") X 45cm (18") | | <input type="checkbox"/> Other (please specify) _____ | | | |

UPHOLSTERY

- | | |
|---|---|
| Back <input type="checkbox"/> Yes <input type="checkbox"/> No | Seat <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please specify) _____ | |

ARM RESTS

- | | |
|---|--|
| <input type="checkbox"/> Desk adjustable | <input type="checkbox"/> Full Adjustable |
| <input type="checkbox"/> Other * (please specify) _____ Height _____ <input type="checkbox"/> cm or <input type="checkbox"/> inches | |

LEG REST HANGERS

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Standard Hangers | <input type="checkbox"/> Left or <input type="checkbox"/> Right | <input type="checkbox"/> Stump Support | <input type="checkbox"/> Left or <input type="checkbox"/> Right |
| <input type="checkbox"/> Manual Elevating* | <input type="checkbox"/> Left or <input type="checkbox"/> Right | <input type="checkbox"/> Other (please specify) _____ | |
| Height _____ <input type="checkbox"/> cm or <input type="checkbox"/> inches | | | |

Person Name _____ Assessor Name _____

FOOTPLATES

- Standard (Plastic) One Piece Metal Large
 Angle/Depth Adjustable Other (please specify) _____

REAR WHEELS

- 12" (Std Transit) 24" (Std Self Propelling)
 Other (Please specify) _____

CASTORS

- Standard Wide Narrow
 Other (Please specify) _____

ACCESSORIES

- Seat Belt Anti-Tip Calf Strap
 Other (Please specify) _____

FURTHER INFORMATION

Please include estimate or actual costs of the requested wheelchair if known.