

SPECIFICATION FORM BAND II & III SHOWER COMMUNE

FOR OFFICE USE ONLY

Received: / /

Request #:

This form is to be used when requesting complex shower commodes. Please include the completed form with your Band II or III Complex Equipment Request.

Assessor's Name: _____

AEA No: _____

Person's Name: _____

Date: / /

Important: Please provide your Client's Weight & Height details:

Person's Weight: _____ kg

Person's Height: _____ metres

COMMUNE TYPE

Please indicate Model and Supplier: _____

Select type from the list below:

☐ Attendant propelled

☐ Self propelled

☐ Recliner

☐ Tilt in space

☐ Custom¹

☐ Folding

☐ Heavy Duty

☐ Paediatric²

¹Please include itemised quote from supplier with the Service Request form

²For Paediatric shower commodes specify type, size and components of the shower/commode you are requesting or include an itemised quote from the supplier

Custom/Other

Please specify _____

BRAKES

Attendant Propelled Commodes

☐ Front Castors

☐ Back Castors

☐ All 4 Castors

Note – Self Propelling Shower Commodes have standard brakes

SEAT OPTIONS

Padded Open

☐ Front

☐ Left

☐ Right

☐ Back

Padded Closed

☐

Custom/Other

Please specify _____

BACK REST AND HEAD SUPPORTS

Back

☐ Padded

☐ Strapped

☐ No Preference

☐ Reclining

☐ High Back

☐ Head Rest

☐ Lateral Supports*¹

Custom/Other

Please specify _____

Person's Name: _____

Assessors' Name: _____

ARM REST

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

Custom/Other

Please specify _____

FOOT REST

☐ Standard Swing Away Footrests ☐ One Piece Sliding Footplates

Stump Supports ☐ Left ☐ Right

Elevating Leg Rests ☐ Left ☐ Right

Custom/Other

Please specify _____

ACCESSORIES

☐ Bedpan and carrier ☐ Calf Straps ☐ Chest Strap
☐ Anti Tip Bar ☐ Pelvic Strap ☐ 4 Point Harness

Custom/Other

Please specify _____

ADDITIONAL INFORMATION

Please include an itemised quotation with the Service Request form where the specifications being requested are more complex, customised or other has been selected.

POINTS TO CONSIDER

- Height of toilet seat - does the shower commode fit over the toilet?
- 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 the shower commode has a reclining back, does it clear the cistern?
- As a result of provision of this commode will housing modifications be required?