

## SPECIFICATION FORM BAND II & III WHEELCHAIR

FOR OFFICE USE ONLY

Received: / /

Request #:

*This form is to be used when requesting complex wheelchairs. Please include the completed form with your Band II or III Complex Equipment Service 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

### WHEELCHAIR TYPE

#### MANUAL

- ☐ Standard Lightweight
 ☐ Self Propelling
 ☐ Transit
 ☐ Buggy  
☐ Ultra Lightweight<sup>1</sup>
☐ Folding
 ☐ Fixed
 ☐ Camber \_\_\_\_\_  
☐ Heavy Duty<sup>1</sup>
☐ Other (please specify) \_\_\_\_\_

<sup>1</sup>Please include itemised quote from supplier with the Service Request form

#### POWER

- ☐ Rear Wheel Drive
 ☐ Mid Wheel Drive
 Controller
 ☐ Left
 ☐ Right  
☐ Other (please specify) \_\_\_\_\_

#### FEATURES

- ☐ Low Line<sup>1</sup>
☐ Manual Recliner
 ☐ Manual Tilt'n'Space
 ☐ Amputee  
☐ Tick if a specific seat to floor height is required
 Height \_\_\_\_\_ cm  
☐ Other (please specify) \_\_\_\_\_

<sup>1</sup>Please include itemised quote from supplier with the Service Request form

#### SEAT SIZE (PLEASE TICK ONE)

- | 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 ☐ Yes ☐ No
 Seat ☐ Yes ☐ No  
☐ Other (please specify) \_\_\_\_\_

Person's Name: \_\_\_\_\_  
Assessors' Name: \_\_\_\_\_

## ARMRESTS

- ☐ Desk Adjustable-Standard ☐ Full Adjustable  
☐ Other (please specify) \_\_\_\_\_ Height \_\_\_\_\_ ☐ cm or ☐ inches

## LEGREST HANGERS

- ☐ Standard Hangers ☐ Left ☐ Right ☐ Stump Support ☐ Left ☐ Right  
☐ Manual Elevating ☐ Left ☐ Right ☐ Other (please specify) \_\_\_\_\_  
Height \_\_\_\_\_ ☐ cm or ☐ inches

## 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) \_\_\_\_\_

## 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.***