# ACC MRES Manual Wheelchair Specification Form

*A specification form must accompany a MRES order for a Complex or Non-List manual wheelchair. Please contact the ACC Advisory team if you require assistance to complete this form acc.advisor@enable.co.nz*

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| --- | --- | --- | --- |
| **Client name** | Enter text | **Assessor name** | Enter text |
| **Date of birth** | Enter text | **Contact details** | Enter text |
| **User weight** | Enter text | **Order number** | If known |

|  |  |
| --- | --- |
| Preferred chair: | similar options can be considered |
| Seat width: | **Seat depth:** |
| Seat to floor height - front: | **Seat to floor height - rear:** |
| Seat to footplate length: | **COG position**: |
| Rear wheel size / type:  Camber: | **Caster wheel size / type:** |
| Back post height:  Push handles required: | **Back upholstery required:** |
| Front hanger angle: | **Fixed front / swing away:** |
| Brakes: | **Pelvic positioning belt** size / type: |
| Foot support requirements: | **Arm support requirements:** |

### Other Requirements:

### *list any accessories required*

### *include back support details if back upholstery is not being used*

Click or tap here to enter text.