# ACC MRES Power Wheelchair Specification Form

*A specification form must accompany a MRES order for a power 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:** | |
| Power seat functions | |  | |
| Power tilt | **Power recline** | | **Power anterior tilt\*** |
| Power seat elevation | **Power elevating leg supports\*** | | **Power standing** |
| Floor to seat pan height: | | **Seat pan to footplate length:** | |
| Controller  Left side  Right side | | **Alternative switch / driving control** | |
| Arm support requirements: | | **Leg / foot support requirements:** | |
| Pelvic positioning belt size / type: | | | |

### Other Requirements: *please include back support details/type to assist with set up of chair*

### *\*Specify power elevating leg support and anterior tilt details here (if requested)*

Click or tap here to enter text.