# Manual Wheelchair Specification Form

*To be completed by EMS Assessor. This form must accompany a service request or EMS Advice request.*

### Person’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Insert Family Name] | **First Name(s)** | [Insert First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |

### EMS Assessor Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Enter text | **AEA No.** | Enter text |
| **Phone** | Enter text | **Accreditation** | Choose an item |
| **Email** | Enter text | **Assessment date** | Enter a date |

### Manual Wheelchair Details

|  |  |  |  |
| --- | --- | --- | --- |
| **User Weight** | Enter text |  |  |

|  |  |
| --- | --- |
| Feature |  |
| Propulsion | Manual wheelchair *(e.g. self-propel, large propulsion wheels)*  Transport wheelchair *(e.g. light weight, designed for propulsion by an attendant, with no large propulsion wheels)* |
| Frame style | Rigid frame\*  Folding frame  With tilt\*  Amputee (for bilateral amputee only)  *(\*Subject to Assessor accreditation and the WMPML1 and WMPML2 clinical indicators)* |
| Seat frame width | Please specify: enter text |
| Seat frame depth | Please specify: enter text  *(if growth in seat depth is essential, please specify amount needed in ‘Other Requirements’ section)* |
| Front seat frame height | Where the height of the floor to seat frame is essential, please specify:enter text |
| Back support | Integrated sling back support  No integrated sling back support  Integrated tension adjustable sling back support |
| Lower leg support assembly | Swing away  70˚  80˚  90˚  Manual elevating leg support |
| Foot support | Front seat rail to foot support measurement enter text  Angle adjustable foot support  Standard foot support  Posterior foot support *(heel loops)*  Lower leg support *(calf strap)* |
| Stump support | Left  Right  Both |
| Arm support assembly | Desk  Full length  Flip up  Drop-in  Dual post flip-up  Adult  Paediatric |
| Accessories | Pelvic Positioning Belt -  Standard  2 Point padded  4 point padded  Pelvic Positioning Belt size -  Small  Medium  Large  Anti-Tip device - |

### Other Requirements\*

Click or tap here to enter text.

\*Details and rationale for any features or modifications required to the chair that are **NOT** already specified (for example spoke guards, tray or seat depth growth)