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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prescriber Name:** | | | | | | | | | | | | |
| **Client Name:** | | | | | | | | | | | | |
| **Client File No:** | | | | **Order No**: | | | | | **Division:** Disability  Domiciliary Care | | | **Date:** |
| Has screening tool been completed? Yes  No | | | | | | | | | Is client eligible?  Yes  No | | | |
| **Specifications:** information used to check if a recycled item in stock may be suitable for your client. Please identify any essential features required. (tick and comment as required) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 3 wheel  4 wheel | | |  | | | | | | | | | |
| Long wheel base (e.g. Space for legs) | | | | |  | | | | | | | |
| Left controls | | Right controls | | | | | Finger controls | | | | Thumb controls | |
| Specific seat (i.e. Contour/recline/adjust) | | | | | |  | | | | | | |
| Specific armrest (i.e. Flip back/adjustable) | | | | | |  | | | | | | |
| Seat belt | | O2 carrier | | | | | Flag | | | | Mirrors (left/right) | |
| Walking stick holder | | | | | | | | Carry bag | | | Basket | |
| Frame holder-type? |  | | | | | | | Other | |  | | |
| |  |  | | --- | --- | | **BASIC DIMENSIONS (mm or inches)** | | |  |  |   **A**. Seat - elbow:  **B**. Back of knee - heel:  **C.** Buttocks - back of knee:  **D.** Widest point of hips/thighs:  **E.** Seat - base of scapula: | | | | | | | | | | | | |
| **Additional Information:** (custom seating, cushions, other measurements, accessories, preferences etc) | | | | | | | | | | | | |
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