# 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*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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.