# 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 [ ]  LargeAnti-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)