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ENVIRONMENTAL HEALTH MANAGEMENT SERVICES

SPECIFICATION FORM
BAND II & III WHEELCHAIR

FOR OFFICE USE ONLY
Received: / /
Request #:

This form is to be used when requesting complex wheelchairs. Please include the completed form with your Band II or III Complex Equipment Service Request.

Assessor's Name: _____ **AEA No.:** _____

Person's Name: _____ **Date:** / /

Important: Please provide your Client's Weight & Height details:

Person's Weight: _____ kg **Person's Height:** _____ metres

WHEELCHAIR TYPE

MANUAL

☐ Standard Lightweight ☐ Self Propelling ☐ Transit ☐ Buggy

☐ Ultra Lightweight[1] ☐ Folding ☐ Fixed ☐ Camber _____

☐ Heavy Duty[1] ☐ Other (please specify) _____

[1]Please include itemised quote from supplier with the Service Request form

POWER

☐ Rear Wheel Drive ☐ Mid Wheel Drive Controller ☐ Left ☐ Right

☐ Other (please specify) _____

FEATURES

☐ Low Line[1] ☐ Manual Recliner ☐ Manual Tilt'n'Space ☐ Amputee

☐ Tick if a specific seat to floor height is required Height _____ cm

☐ Other (please specify) _____

[1]Please include itemised quote from supplier with the Service Request form

SEAT SIZE (PLEASE TICK ONE)

Width		Depth	Width		Depth	Width		Depth
☐ 35cm (14")	X	40cm (16")	☐ 45cm (18")	X	40cm (16")	☐ 50cm (20")	X	45cm (18")
☐ 40cm (16")	X	40cm (16")	☐ 45cm (18")	X	45cm (18")	☐ 50cm (20")	X	50cm (20")
☐ 40cm (16")	X	45cm (18")	☐ Other (please specify)			_____		

UPHOLSTERY

Back ☐ Yes ☐ No Seat ☐ Yes ☐ No

☐ Other (please specify) _____

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Person's Name: _____

Assessors' Name: _____

ARMRESTS

☐ Desk Adjustable-Standard ☐ Full Adjustable

☐ Other (please specify) _____ Height _____ ☐ cm or ☐ inches

LEGREST HANGERS

☐ Standard Hangers ☐ Left ☐ Right ☐ Stump Support ☐ Left ☐ Right

☐ Manual Elevating ☐ Left ☐ Right ☐ Other (please specify) _____

Height _____ ☐ cm or ☐ inches

FOOTPLATES

☐ Standard (Plastic) ☐ One Piece ☐ Metal Large

☐ Angle/Depth Adjustable ☐ Other (please specify) _____

REAR WHEELS

☐ 12" (Std Transit) ☐ 24" (Std Self Propelling)

☐ Other (please specify) _____

CASTORS

☐ Standard ☐ Wide ☐ Narrow

☐ Other (please specify) _____

ACCESSORIES

☐ Seat Belt ☐ Anti-Tip ☐ Calf Strap

☐ Other (please specify) _____

ADDITIONAL INFORMATION

Please include an itemised quotation with the Service Request form where the specifications being requested are more complex, customised or other has been selected.

RESET SUBMIT

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