# ACC MRES Power Wheelchair Specification Form

*A specification form must accompany a MRES order for a power 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:**       |
| Power seat functions |  |
| [ ]  Power tilt | [ ]  **Power recline** | [ ]  **Power anterior tilt\*** |
| [ ]  Power seat elevation | [ ]  **Power elevating leg supports\*** | [ ]  **Power standing** |
| Floor to seat pan height:       | **Seat pan to footplate length:**       |
| Controller[ ]  Left side [ ]  Right side | [ ]  **Alternative switch / driving control**       |
| Arm support requirements:       | **Leg / foot support requirements:**       |
| Pelvic positioning belt size / type:       |

### Other Requirements: *please include back support details/type to assist with set up of chair*

### *\*Specify power elevating leg support and anterior tilt details here (if requested)*

Click or tap here to enter text.