# Power 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 |

### Power Wheelchair Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupant Weight** | Enter text | **Panel Category** | Choose an item |

|  |  |  |
| --- | --- | --- |
| Feature | \*WMPML1 credentialing required | \*WMPML2 credentialing required |
| Drive wheel location | Rear-wheel drive  Mid-wheel drive  Front-wheel drive  Size of drive wheel  10”  12-13”  14”  (note your preference in the ‘Other Requirements Section’ if more than one drive wheel configuration is selected) | |
| Seat width | Seat width set at enter text; maximum seat adjustment (if required) to enter text | |
| Effective seat depth (\*B) | Effective seat depth set at enter text; maximum seat adjustment (if required) to enter text | |
| Power seat functions | Power tilt | Power seat elevation  Power recline  Power standing |
| Floor to seat pan (\*F) | 15-16.75”  17-17.75”  18-18.75”  19-19.75”  Specific height required enter text | |
| Max overall width | Enter text (if essential, please specify) | |
| Controller | Left side  Right side  Swing-away/retractable | Alternative switch / driving control (add detail in ‘Other Requirements Section’ below) |
| Electronics | Non-Expandable | Expandable |
| Back configuration | No upholstery  Angle adjustable back posts  Extended back post height enter text |  |
| Lower leg support assembly | Centre mount / flip-up  70˚ Swing-away  Manual elevating | **Power elevating lower leg support**  *(manual must be considered as a first option)*  Centre mount  Swing-away |
| Seat pan to foot support (excluding cushion thickness) (\*D) | Please specify measurement: enter text  Angle adjustable foot support  Standard foot support  Posterior foot support (heel loops) | |
| Stump support | Left  Right  both | |
| Arm support assembly | Desk  Full length   Flip-up  Drop-in  Dual post flip-up  Adult  Pediatric | |
| Accessories/ Secondary seating supports | Pelvic Positioning Belt -  Standard  2 Point padded  4 point padded *(see note below)*  Pelvic Positioning Belt size -  Small  Medium  Large  Tyres -  pneumatic (std)  solid | |

\* Wheeled Mobility and Postural Management Level (WMPML)

\*If a refurbished power wheelchair is supplied from the warehouse and a four-point pelvic positioning belt has been requested this will not be supplied with the power wheelchair and will need to be ordered separately by the EMS Assessor, or the local sub-contractor

### Other Requirements

Add details and rationale for any features or modifications required to the wheelchair that are not included above or related to the seating system, **but** **only** if this impacts the final configuration of the wheelchair.

(i.e. back support, cushion or tray are not required, add to service request)

Click or tap here to enter text.

### \*Measurement Guide

