# 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  Pelvic Positioning Belt size -  Small  Medium  Large  Tyres -  pneumatic (std)  solid | |

\* Wheeled Mobility and Postural Management Level (WMPML)

### 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

