# 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 driveSize 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 [ ]  LargeTyres - [ ]  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

