Loan Wheelchair Specifications Form

Attention: • The following application must be completed by a Registered Health Professional, e.g. OT, PT, RN, SLP
• Please note that our equipment is donated by members of the community and we will try to accommodate the client’s needs as much as possible.

Client Name: __________________________________________

Wheelchair Type:  Manual Wheelchair ☐ Power (Electric) Wheelchair ☐

If Manual Wheelchair:  Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 5 ☐

Tilt:  Yes ☐ No ☐ Headrest:  Yes ☐ No ☐ Footrests:  Yes ☐ No ☐ Recline (MWC only):  Yes ☐ No ☐ Joystick:  Left ☐ Right ☐ N/A ☐

Wheelchair Seat Width: _____________________________ Wheelchair Seat Depth: _____________________________

Cushion Type: _____________________________ Cushion Size: _____________________________

Backrest Type: _____________________________ Backrest Size: _____________________________

Client Measurements:

Client Height: _____________________________ Client Weight: _____________________________

A. Hip Width _____________________________

B. Back of knee to tailbone _____________________________

C. Seat to floor height (including cushion) _____________________________

D. Seat to shoulder height _____________________________

Other: (e.g. legrests, footboard, tray, hip blocks, seatbelts, and/or measurements):

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