Pre-Assessment Form for Transport Solutions

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Pre-Assessment Form for Transport Solutions_20250528

Section A: Client Assessment

Client Details

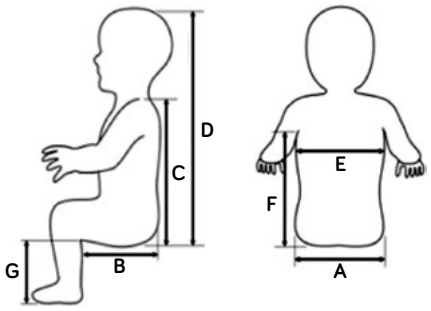
Name:	
DOB/age at time of assessment:	

Diagnosis:

☐ Stable ☐ Progressive

User Measurements

A Hip width	cm
B Seat depth	cm
C Seat to top of shoulder	cm
D Seat to top of head	cm
E Chest width	cm
F Seat to axilla	cm
G Leg length	cm
Overall height	cm
Weight	kg



Other medical needs/considerations

☐ Exhibits behaviours of concern during transport	☐ Reflux/vomiting episodes
☐ Requires assistance with vehicle transfers	☐ Hearing impaired
☐ Epilepsy/seizures	☐ Vision impaired
☐ Risk of aspiration	☐ Sensation impaired
☐ Respiratory support equipment/needs	☐ Communication support needs
☐ Feeding tubes – PEG/PEJ, NG/NJ, etc...	☐ Incontinence

Current Transport Environment

What restraint is the person currently using for transport? (tick all that apply)

- ☐ Off-the-shelf car or booster seat
- ☐ Special purpose car seat
- ☐ Off-the-shelf car/booster seat with modifications OR special purpose car seat with modifications
- ☐ Vehicle harness
- ☐ Travelling unrestrained
- ☐ Other – please specify below:

On the busiest day of the week, how long does the client spend travelling in total?

- ☐ 0-30 minutes
- ☐ 30-60 minutes
- ☐ 60-90 minutes
- ☐ More than 90 minutes

How long has the client used the above restraint?

When was the client's safe transport plan last reviewed?

What transport needs are not being met by current transport solutions? (tick all that apply)

- ☐ Postural support (Client requires tilt, recline or lateral supports during transport)
- ☐ Behaviours of concern (Client absconds from vehicle seat, interacts with other passengers - look for solutions with anti-escape features)
- ☐ Caregiver transfer needs (Client is being lifted into the vehicle/ they are unable to transfer into footwell of vehicle independently – look for solutions with swivel base)
- ☐ Client has outgrown/will shortly outgrow the current restraint that is used and an alternative safe transport solution is required

Explain what else is not working about the current transport methods, if not covered above:

Goals to be addressed through transport solution/s:

Does the proposed restraint need to be moved between vehicles?

- ☐ Yes – If yes, assess capacity of caregiver to transfer the restraint between vehicles and compatibility of restraint in secondary vehicle at time of trial.
- ☐ No

What other health professionals support the client that have a role in supporting safe transport?

(Include professionals that the client has been referred to but is waitlisted for).

- ☐ Occupational therapy
- ☐ Physiotherapy
- ☐ Positive Behaviour Support
- ☐ Speech Pathology
- ☐ Psychology
- ☐ Dietitian/feeding therapy

Main vehicle information

This is the vehicle that the client uses for most of their travel. The main vehicle needs to be available to use at the trial to check the recommended transport solution is compatible with the vehicle. If intending to move the restraint between vehicles, assess secondary vehicles for compatibility with the restraint and determine capacity of caregivers to transfer the restraint between vehicles at trial.

Vehicle category

- ☐ Main family vehicle
- ☐ Secondary vehicle
- ☐ Bus
- ☐ Taxi or rideshare/other

Who supports the client with transport when using this vehicle? Where possible they should be present at the trial

- ☐ Parent
- ☐ Grandparent
- ☐ Other adult family member or friend
- ☐ Support worker or similar
- ☐ Bus driver
- ☐ Taxi or rideshare driver

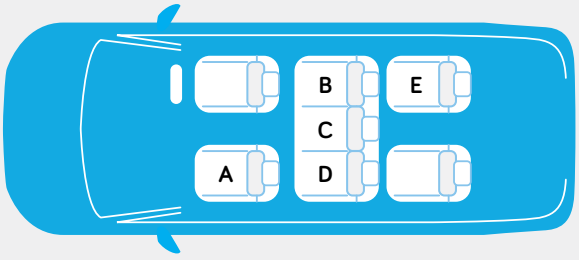
Vehicle details:

Make and model: _____

Year of manufacture: _____

Location client sits in this vehicle:

- ☐ **A** Front passenger seat
- ☐ **B** Back passenger seat – behind driver
- ☐ **C** Back passenger seat – middle
- ☐ **D** Back passenger seat – behind front passenger
- ☐ **E** Third row and beyond (eg. People mover)



Does the vehicle have ISOFIX?

- ☐ Yes
- ☐ No. If no, please note that all special purpose car seats with a swivel base require ISOFIX for installation.

Are ISOFIX connection points available for the seat the client currently sits in?

- ☐ Yes
- ☐ No. If no, explore whether client can sit in alternative vehicle location where ISOFIX points are present.

Style of seat in vehicle where client sits:

- ☐ Single seat
- ☐ Double Seat

Other children (12 years or less) in the vehicle during travel:

- ☐ 1 other child
- ☐ 2 other children
- ☐ 3+ other children

Are there any planned or known changes to the client's presentation, needs or transport arrangements above that are expected to occur within the next 6-12 months?

Section B: Restraint Selection

Selecting an appropriate restraint option for trial requires consideration of multiple factors, including information supplied in Section A.

Section B.1

(Complete only if supporting a client who does not pass the 5 Step Test.
If client passes 5 Step Test, proceed to Section B.2)
To learn more about the 5 Step Test, refer to: childroadsafety.org.au/cars/five-step-test/
Or scan the QR code to the right.

If client is under 7 years old – Have off the shelf options been considered and ruled out?

- ☐ Yes – Record which off the shelf options have been considered below then move to next question:
- ☐ No – Consider off the shelf options first before considering a Special Purpose Car Seat

Have special purpose restraint options previously been considered and ruled out?

- ☐ Yes – Record which special purpose restraint options have been considered and why it was unsuitable:
- ☐ No – Research available options that have passed AuSAP testing using MACA's Product Register: macahub.org/products

If both off the shelf and special purpose restraint options have been considered and ruled out, modified use or modification to a product may need to be considered as the best available solution. For support and guidance regarding modified use or modification to one of our Special Purpose Car Seats, please email clinical@medifab.com.

What features are required in a special purpose restraint option?

- ☐ Swivel base for transfers
- ☐ Anti-escape buckles for behaviour of concern
- ☐ Tilt or back support recline for postural support
- ☐ Additional trunk support
- ☐ Additional upper limb support
- ☐ Foot support
- ☐ Seat depth adjustment
- ☐ Wipe-clean upholstery

Section B.2

(Complete only if client passes the 5 Step Test and is aged 7 years or older. If client does not pass the 5 Step Test, complete Section B.1 instead).

What additional support is required for transport?

Options exclusive to special purpose booster seats:	☐ Swivel base for transfers	**Options present in both special purpose booster seats and vehicle harnesses:**	☐ Anti-escape buckles for behaviour of concern
	☐ Tilt or back support recline for postural support		☐ Additional trunk support
	☐ Additional upper limb support		☐ Wipe-clean upholstery
	☐ Foot support		
	☐ Seat depth adjustment		

If both special purpose booster and harness options have been considered and ruled out, modified use or modification to a product may need to be considered as the best available solution. For support and guidance regarding modified use or modification to one of our Special Purpose Car Seats, please email clinical@medifab.com.