Pre-Assessment Form for Strollers

Distributed by medifab
solutions@medifab.com
medifab.com

Stroller Pre-Assessment Form_20251119

Section A: Client Assessment

User Details

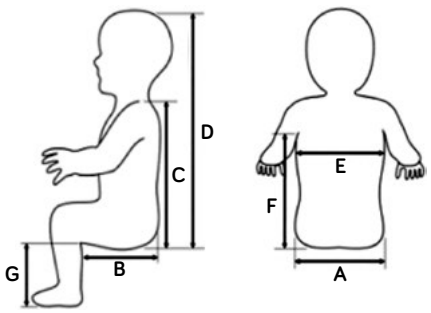
Name:	
DOB/age at time of assessment:	

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 (Tick all that apply)

☐ **Exhibits behaviours of concern during community access**	☐ **Reflux/vomiting episodes**
☐ **Requires assistance with 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**

User Mobility & Support Needs

What is the user's current level of mobility?

- ☐ **Independent and mobile**
- ☐ **Independent but fatigues**
- ☐ **Supported mobility** (e.g., hand-holding, gait aid)
- ☐ **Dependent for all mobility**

How is the user typically transferred into the stroller?

- ☐ **Independent transfer**
- ☐ **Assisted transfer (1 person)**
- ☐ **Assisted transfer (2 people)**
- ☐ **Hoist/lift required**

Goals to be addressed through alternative stroller:

(E.g., increased comfort, improved mobility, ease of transport, support for fatigue, behavioural safety, etc.)
Specify:

What level of postural support is required?

- ☐ **Low** (mild support needs)
- ☐ **Medium** (moderate trunk or pelvic support)
- ☐ **High** (significant support, including head/trunk/pelvic alignment)

What is not working well with the current stroller or wheelchair?

- ☐ **Inadequate postural support**
(client requires tilt, recline or lateral supports)
- ☐ **Unmanaged behaviour of concern**
(client absconds or is developing their road safety skills – look for strollers with anti escape buckles)
- ☐ **Client has outgrown/will shortly outgrow the current stroller that is used and an alternative solution is required**
- ☐ **Client has need to be closely supervised**
(look for rear facing strollers) or have medical devices fitted to their stroller (look for strollers with medical device tray, oxygen bottle holder, IV pole accessories)
- ☐ **Client requires stroller with removable seat and high low base option** - to enable use indoors.
- ☐ **Client's current solution does not permit for mounting/ access of communication device**
- ☐ **Caregivers find current solution too difficult or too heavy to fold and lift into vehicle boot**
- ☐ **Other – please specify below:**

Section B: Environmental Considerations

Where will the stroller be used? (Tick all that apply)

- ☐ **Pavements, footpaths, shopping centres**
- ☐ **Outdoor areas** (e.g., parks, school grounds, playgrounds)
- ☐ **Uneven or rough terrain** (e.g., trails, bush walking tracks)
- ☐ **Indoors only**

Typical duration of use in a single outing:

- ☐ **Less than 1 hour**
- ☐ **1–2 hours**
- ☐ **More than 2 hours**

What situation does the stroller need to be suitable for? (Tick all that apply)

- ☐ **School use**
- ☐ **Community outings**
- ☐ **Public transport**
- ☐ **Long-distance travel**

Section C: Family & Transport Considerations

Does the family have other children who also require a stroller?

- ☐ **Yes**
- ☐ **No**

Will the stroller need to be folded for transport?

- ☐ **Yes**
- ☐ **No**

What size is the family or support vehicle?

- ☐ **Small hatchback**
- ☐ **Medium car**
- ☐ **Large car** (e.g., SUV or van)

Will the stroller be used as a seat in vehicle transport? (e.g., on a bus or accessible vehicle)?

- ☐ **Yes** – if yes, only consider strollers with tie down points that meet occupied transit certification
- ☐ **No**

Do caregivers or support staff have any injuries or lifting limitations?

- ☐ **Yes** – if yes, please describe:
- ☐ **No**