

# Wheelchair Trial Order Form

Details	
Date:	
Therapist Name:	
Delivery Details:	
Joint Visit:	
Client Name:	
Client Weight:	

Measurements / Specifications:	
Wheelchair Make & Model:	
Serial Number:	

	Requested:	Trial:		Requested:	Trial:
Seat Width			Seat Depth		
Front Seat to Floor Height			Rear Seat to Floor Height		
Footplate Height			Hanger Angle		
Footplate Type			Seat to Footplate Height		
Back Height			Back Angle		
Tension Upholstery or Solid Back			Push Handles		
Castor Type			Front Castor Size		
Rear Wheel Type			Rear Wheel Size		
Tyre Type			Hand Rim Type		
Brake Type			Camber		
COG			Quick or Quad Axles		
Side Guards			Arm Supports		
Anti Tips			Spoke Guards		
Calf Strap			Hip Belt		
Impact Guards					

Notes