

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:** _____

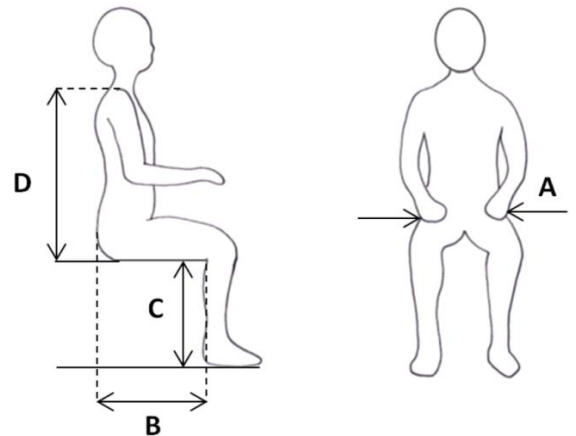
Backrest Type: _____ **Backrest Size:** _____

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):

