



# ALS Canada Equipment Program: Wheelchair Specifications Form

ALS Society of Canada  
 Société Canadienne de la SLA  
 www.als.ca

The following application **must** be completed by a Registered Health Professional, e.g. OT, PT, RN, SLP. Please note that although we will try to accommodate clients' needs as much as possible, our equipment is donated by members of the community and we cannot guarantee exact specifications.

**Client Name:** \_\_\_\_\_

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

	<b>Type:</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5
<b>If Manual Wheelchair:</b>	<b>Headrest:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Footrest:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Recline (MWC only):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Tilt:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If Power Wheelchair:</b>	<b>Headrest:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Footrest:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Joystick:</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> N/A
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**Wheelchair seat width:** \_\_\_\_\_ **Wheelchair seat depth:** \_\_\_\_\_

**Cushion type:** \_\_\_\_\_ **Cushion size:** \_\_\_\_\_

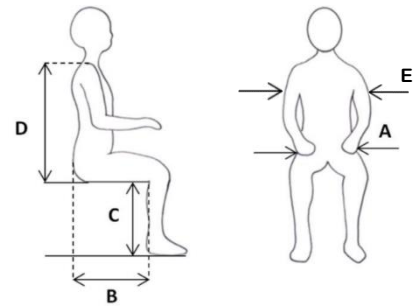
**Backrest type:** \_\_\_\_\_ **Backrest size:** \_\_\_\_\_

**Seat to floor height (including cushion):** \_\_\_\_\_ **Seat to top of footrest (including cushion):** \_\_\_\_\_

**Client Measurements:**

**Client height:** \_\_\_\_\_ **Client weight:** \_\_\_\_\_

- A: Hip width** \_\_\_\_\_
- B: Back of knee to tailbone** \_\_\_\_\_
- C: Lower leg length** \_\_\_\_\_
- D: Seat to shoulder height** \_\_\_\_\_
- E: Shoulder Width** \_\_\_\_\_



**Other essential specifications:** \_\_\_\_\_