

Name NHS No.....

IS THE CHAIR ESSENTIAL FOR HOSPITAL DISCHARGE? Yes No

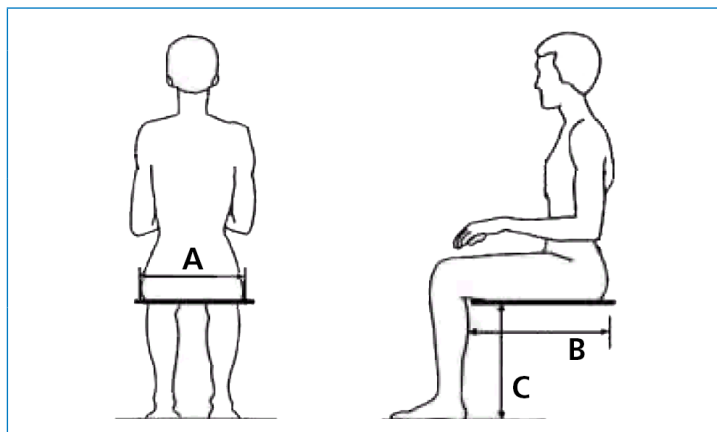
PLANNED DISCHARGE DATE:

IS THE PERSON ALREADY IN POSSESSION OF A WHEELCHAIR?..... Yes No

DETAILS: NHS Private

IS THE CHAIR REQUIRED FOR: Short Term Loan (up to 4 months) Long Term Loan

***PHYSICAL MEASUREMENTS IN SITTING** (This section must be fully completed)



| | Measurement | Units |
|----|---------------------------------|-----------|
| A) | * Hip Width | Inch / cm |
| B) | Rear of buttock to back of knee | Inch / cm |
| C) | Back of knee to base of foot | Inch / cm |

METHOD OF TRANSFER

- Independent
 Slide Board
 Assistance of 1
 Assistance of 2
 Hoist
 Rotunda
 Independent with frame

ANTICIPATED USAGE

- FOR WHAT PURPOSE DOES THIS PERSON REQUIRE THE USE OF A WHEELCHAIR?
 - Independence with mobility Fatigue / energy conservation
- HOW OFTEN WILL THE CHAIR BE USED?
 - Once a week 2-3 times a week 4-5 times a week Daily
- HOW LONG WILL THE PERSON BE SAT IN THE WHEELCHAIR?
 - 1-2 hours 3-4 hours 5+ hours
- WHAT WILL THE WHEELCHAIR BE USED FOR?
 - Social Outings Hospital Visits Shopping Moving around the home
 - Work / School / College Other.....

PROPOSED USE OF THE WHEELCHAIR

- Self propel by client
 Pushed by others
 Combination

PUSHED BY OTHERS

Who will be pushing the wheelchair?.....

SELF PROPEL

Does the client have a heart or respiratory condition which could be aggravated by exertion? Yes No

If yes, give details.....

.....

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PLEASE SPECIFY THE FOLLOWING

- WALKING ABILITY: Unable Limited Indoors Limited Outdoors
- CAN THE USER SIT WITH THEIR KNEES BENT? **LEFT** Yes No **RIGHT** Yes No
- DO THEY HAVE DIFFICULTY USING THEIR ARMS? **LEFT** Yes No **RIGHT** Yes No
- SITTING ABILITY: Normal Needs Support
- DO THEY HAVE IMPAIRED COGNITION? Yes No

If yes, give details:.....
.....

MANUAL WHEELCHAIR

SUGGESTED MANUAL WHEELCHAIR / BUGGY

| | | | | |
|---|---|--|---|--|
| Adult Self Propel  <input type="checkbox"/> | Adult Transit  <input type="checkbox"/> | Paediatric Self Propel  <input type="checkbox"/> | Paediatric Transit  <input type="checkbox"/> | Buggy One Size Only  <input type="checkbox"/> |
|---|---|--|---|--|

POWERED WHEELCHAIR

PLEASE NOTE THAT THE NHS DO NOT ISSUE POWERED WHEELCHAIRS SOLELY FOR OUTDOOR USE. THE NHS DOES NOT SUPPLY SCOOTERS

CRITERIA FOR POWERED

Powered indoor wheelchair: A person must require a wheelchair for all mobility and be unable to self propel a manual wheelchair.

Powered Indoor / Outdoor Occupant controlled: As above and the person must gain increased mobility in their local vicinity leading to improved quality of life.

Attendant Controlled Powered wheelchair: The person must be unable to self propel or operate a powered wheelchair and the main carer is unable to push a manual chair.

TYPE OF POWERED WHEELCHAIR REQUIRED

- Occupant controlled powered indoor
- Occupant controlled powered indoor / outdoor
- Attendant controlled powered wheelchair

SPECIAL SEATING / POSTURAL SUPPORT

Please give details if the client requires special seating.

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PRESSURE CUSHIONS

**WE DO NOT AUTOMATICALLY GIVE EVERY CLIENT A CUSHION.
THERE HAS TO BE A MEDICAL NEED FOR THIS EQUIPMENT.**

Clients can purchase a cushion from the wheelchair service.

Is the person at risk of pressure sores? Yes No

If yes, please indicate level: Existing pressure sore Previous pressure sore At risk

If existing pressure sore: What grade 1 2 3 4

Site of current pressure area:.....

Is the person currently using any pressure relieving equipment? Yes No

If yes, please state:.....

Is the person able to relieve pressure? Stand Total push up Partial push up None

Does the client have continence problems? Incontinent Doubly incontinent

WHEELCHAIR VOUCHER SCHEME

The voucher scheme aims to give clients a wider choice of wheelchairs supplied by the NHS. If the client is eligible for an NHS wheelchair, the client may contribute to a more expensive wheelchair of their choice. The person will own the wheelchair and be responsible for its maintenance and repair.

COMMENTS

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Please return completed form to:
Wheelchair and Special Seating Services, Tickhill Road Hospital, Tickhill Road, Balby, Doncaster, DN4 8QN
Telephone: (01302) 566701 Fax: (01302) 798366