Commode Chair – Trial Request

Please complete and fax to Motion Wheelchairs on 03 9583 6216

34 Shearson Crescent Mentone Vic 3194
t + 61 3 9584 9777
f +61 3 9583 6216
e contact@motionwheelchairs.com
w www.motionwheelchairs.com

Client Name:_____

Client Address:_____

Client Email:_____

Parent/Carer Name:_____ Client Contact Phone:_____

Therapist:_____ Therapist Organisation:_____

Therapist Phone:_____ Therapist Fax:_____

Therapist Email: _____

Shower Commode Model *(if known):* _____

Requested Appointment Venue: _____

Client Details:

Appt Date/time: _____

Condition of Disability: _____

Clinical Requirements:_____

Client Age: _____ Date of Birth: _____ Client Weight: _____

FUNDING - SWEP ☐ **TAC** ☐ **Claim No:** _____ **NDIA** ☐ **No:** _____ **Plan Dates:** __/__/__ **to** __/__/__

Client Measurements: *Please use the diagram as a guide.*

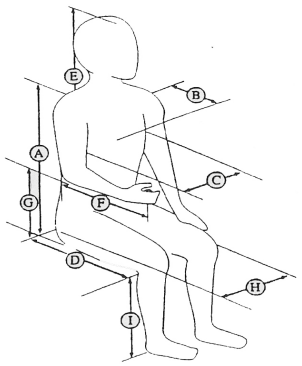
A. Top of Shoulders:_____ **F. Elbow to Hand:** _____

B. Chest Depth: _____ **G. Seat Pan to Elbow:** _____

C. Chest Width: _____ **H. Hip Width:**_____

D. Seat Depth: _____ **I. Knee to Foot:** _____

E. Top of Head: _____



Features Required: *Please Tick:*

☐ Pressure Care
Please specify preferred type:
_____
☐ Tilt in Space
☐ Custom Shaped Seat
Open Front ☐ Closed Front ☐
☐ Lower Seat Height
☐ Splash Guard
Under seat ☐ Over Pommel ☐
☐ Moulded Backrest
☐ Backrest Recline
☐ Armrests
Flip Up ☐ Removable ☐
Padded ☐ Not Padded ☐
☐ Folding Style (no tilt in space)
☐ Self Propelling

☐ Elevating Leg Rest
☐ Swing Away Leg Rest
☐ Footboard
☐ Padded footrest covers
☐ Lateral Thoracic Support
Fixed ☐ Swing away ☐
☐ Headrest
☐ Hip Support
☐ Adduction Support
☐ Abduction Pommel
☐ Lap Belt style
2 Point plastic side release ☐
Shower belt - ☐ size
☐ Pan & Carrier
☐ Safety Rails

Other Requirements:

_____
Office use only
MWC stock or order demo -