

IS THE CHAIR ESSENTIAL FOR HOSPITAL DISCHARGE?

Yes

No

PLANNED DISCHARGE DATE:

IS THE PERSON ALREADY IN POSSESSION OF A WHEELCHAIR?

Yes

No

DETAILS:

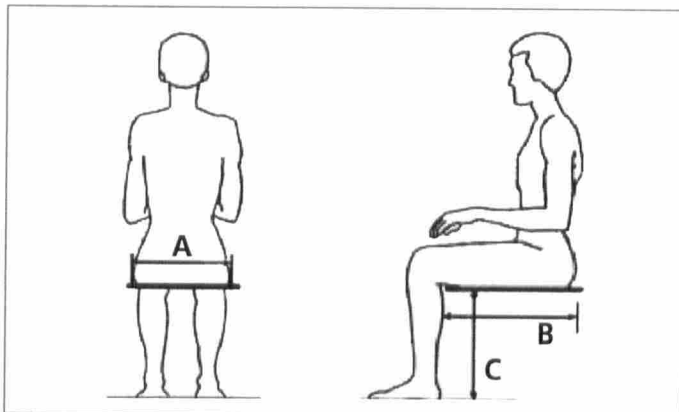
NHS

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

1. FOR WHAT PURPOSE DOES THIS PERSON REQUIRE THE USE OF A WHEELCHAIR?

Independence with mobility

Fatigue / energy conservation

2. HOW OFTEN WILL THE CHAIR BE USED?

Once a week

2-3 times a week

4-5 times a week

Daily

3. HOW LONG WILL THE PERSON BE SAT IN THE WHEELCHAIR?

1-2 hours

3-4 hours

5+ hours

4. 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

<p>Adult Self Propel</p>  <input type="checkbox"/>	<p>Adult Transit</p>  <input type="checkbox"/>	<p>Paediatric Self Propel</p>  <input type="checkbox"/>	<p>Paediatric Transit</p>  <input type="checkbox"/>	<p>Major Buggy One Size Only</p>  <input type="checkbox"/>
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POWERED WHEELCHAIR

PLEASE NOTE THAT THE NHS DO NOT ISSUE POWERED WHEELCHAIRS SOLELY FOR OUTDOOR USE

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.

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please indicate level:	<input type="checkbox"/> Existing pressure sore	<input type="checkbox"/> Previous pressure sore	<input type="checkbox"/> At risk	
If existing pressure sore: What grade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Site of current pressure area:.....				
Is the person currently using any pressure relieving equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please state:.....				
Is the person able to relieve pressure?	<input type="checkbox"/> Stand	<input type="checkbox"/> Total push up	<input type="checkbox"/> Partial push up	<input type="checkbox"/> None
Does the client have continence problems?	<input type="checkbox"/> Incontinent	<input type="checkbox"/> 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