|  |  |
| --- | --- |
| **Client Name:** | **Therapist Name:**  |
| **Location of appointments:** | **Funding type:**[ ]  NDIS self-managed [ ]  NDIS plan-managed [ ]  NDIS agency-managed [ ]  Enable repair [ ]  Self-funded [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Work required:**[ ]  **Custom Seating:** Complete **pages 2 to 7**[ ]  **Sleep system:** Complete **page 6**[ ]  **Modifications/ Repairs**: Provide details below, including relevant measurements, photos, specifications etc. Complete relevant sections in **pages 2 to 5**[ ]  **Sewing Room:** Provide details below. Complete and attach relevant template for specific items (example constraint mitt, neoprene wrist, thumb gauntlet etc.) |
| **Description of Request:** *Please attach any relevant templates/ drawings / measurements as needed:* |

|  |
| --- |
| **THIS SECTION IS FOR CUSTOM SEATING ONLY** |
| **Wheelchair:** [ ]  New or [ ]  Existing  [ ]  N/A | [ ] Powered wheelchair [ ]  Manual wheelchair [ ]  Shower chair/commode [ ]  Other *(please specify)*: |
| **Factors to be considered – please ensure this section is completed for all custom seating requests** |
| **Is consultant for Assistive Technology (AT) required?**[ ]  **Yes** [ ]  **No***If yes, please specify which appointments is the AT consultant required to attend:*[ ] All,[ ]  1st Fit[ ]  2nd Fit[ ]  3rd Fit (trial)[ ]  Return from trial[ ]  Delivery[ ]  Additional: |
| **Are additional appointments required?***Standard custom seating process includes 5 appointments (1st fit, 2nd fit, 3rd fit (trial), return from trial and delivery)*[ ]  **Yes** [ ]  **No***If yes, please specify which additional appointments you require and if additional labour for the technician will be required:**(please consider the complexity of the client and previous custom seating appointments, to ensure appropriate appointment time is quoted for)***Will additional technician labour be required?***(This will be assisted by ES Team Leader to determine total hours required)*[ ]  **Yes** [ ]  **No** |
| **Please list additional information to assist the quoting process****Is this a new or existing client?***(If this is a new client we would always strongly recommend an additional appointment with 7 hours addition technician labour time)*[ ]  New / [ ]  Existing**Is the client susceptible to any of the following?**[ ]  Pressure areas[ ]  Respiration issues due to positioning[ ]  Increased appointment times due to complexity**Please provide a brief background of the client***(Provide information from previous appointments and any trends that should be taken into consideration prior to starting the custom seating process)* |
| **Wheelchair set-up form**Please complete with estimate measurements if known:**Seat Depth: Seat to back Angle: Hanger angle:** |
| **Additional notes:** (Positioning/ transfers/ PM Access method/ Environmental requirements/ Pressure care issues etc.) |
| **Seat Back** |
| **Seat back style** |
| Shell design seat back  |  [ ]  | Ply design seat back |  [ ]  |
| **Seat Type** | **Seat Back Accessories** |
| Custom moulded backrest (including 2 sets of covers) | [ ]  | Cut ventilation holes through back | [ ]  |
| **Waterproofing** | Supracor | [ ]  |
| EVA foam waterproof layer | [ ]  | WheelAIR ventilation system | [ ]  |
| Upholstery seam sealing | [ ]  | **Additional Accessories** |
| **Thoracic support** |  (e.g. memory foam; gel, other) – please list: |
| Swing Away:[ ]  LHS [ ]  RHS [ ]  Dual |
| Reinforced:[ ]  LHS [ ]  RHS [ ]  Dual |
| **Additional notes:** *Provide additional details regarding any special requirements or what may need to be considered when developing the seating, include photographs when possible.* |
| **Seat Base** |
| **Seat Type** | **Seat Base Accessories** |
| Custom moulded seat base (including 2 sets of covers) | [ ]  | Cubed polymer gel | [ ]  18”  |
| **Waterproofing** | [ ]  20" |
| EVA foam waterproof layer | [ ]  | Flat polymer gel 1/4 | [ ]  |
| Upholstery seam sealing | [ ]  | Memory foam | [ ]  |
| **Additional Accessories**(e.g. ROHO, Vicair cells, other) – please list: |
| **Additional notes:** *Provide additional details regarding any special requirements or what may need to be considered when developing the seating, include photographs when possible.* |
| **Headrest** |
| **Headrest** | **Headrest Hardware & Receivers** |
| Fit only, as provided by wheelchair supplier | [ ]  | Fit hardware as provided by supplier to custom headrest | [ ]  |
| Supply and fit commercial headrest**Specify part number & manufacturer:** | [ ]  | Custom headrest hardware**Dual hardware: Yes/ No** | [ ]  |
| Custom flat headrest incl. removable covers | [ ]  | **Additional Accessories** |
| Please list: |
| Custom contoured headrest incl. removable covers | [ ]  |
| **Additional notes:** |
| **Arm rests & Wrist Cuffs** |
| **Arm Rests** | **Cuffs** |
| Provided by wheelchair supplier | [ ]  | [ ]  Wrist [ ]  Forearm |
| Custom: [ ]  LHS [ ]  RHS [ ]  bilateral | Custom: [ ]  LHS [ ]  RHS [ ]  bilateral |
| Flat custom incl. rubber edging | [ ]  |
| Custom contoured incl. rubber edging | [ ]  | Padded with polymer gel | [ ]  |
| Removable covers for arm rests | [ ]  |  |
| **Additional notes:** |
| **Leg Support** |
| **Foot Plates** | **Foot Plate Hangers** |
| Custom flat and padded incl. edge protector | [ ]  | Custom hangers padding (tube padding) | [ ]  |
| Custom contoured and padded incl. edge protector | [ ]  | Custom hanger brackets | [ ]  |
| Custom footbox incl. edge protector*(footplate, calf panel, hanger pads)* | [ ]  | **Calf Panel & Heel Keeper** |
| Supply and fit commercial calf panelList part number & supplier or specifications: | [ ]  |
| **Ankle Huggers** | Custom heel keeper | [ ]  |
| Fit only, as provided by wheelchair supplier | [ ]  | Custom calf panel | [ ]  |
| Supply and fit commercial huggersList part number & supplier or specifications: | [ ]  | Custom contoured calf panel | [ ]  |
| **Foot Straps and Cups** | **Pommels** |
| Custom Made foot strap | [ ]  | Fit pommel provided by wheelchair supplier | [ ]  |
| Custom foot cup | [ ]  | Custom pommel with hardware from supplier (incl. covers) | [ ]  |
| Supply and fit commercial Taddy foot cupSize: [ ]  S [ ]  M [ ]  L [ ]  XL | [ ]  | Custom pommel with custom hardware (incl. covers) | [ ]  |
|  | Polymer gel padding for pommel | [ ]  |
| **Additional notes:** |
| **Belts & Harnesses** |
| **Pelvic Belt** | **Harness** |
| Fit only, as provided by wheelchair supplier | [ ]  | Fit only, as provided by wheelchair supplier | [ ]  |
| Supply and fit commercial belt**List part number & supplier (if known):****Size:** [ ]  **XS** [ ]  **S** [ ]  **M** [ ]  **L** **Brand:** [ ]  **BP** [ ]  **SPEX** [ ]  **Other:****Style:** [ ] 2 point [ ]  4 Point**Pull type:** [ ]  Centre [ ]  Dual [ ]  Rear [ ]  Side**Buckle BP:** [ ]  Side-release [ ]  Rehab Latch [ ]  Push button**Buckle Spex:** [ ]  Side-release [ ]  Centre release [ ]  Anti-escape [ ]  Pen-popper | [ ]  | Supply and fit commercial harness**List part number & supplier (if known):****Size:** [ ]  **XS** [ ]  **S** [ ]  **M** [ ]  **L** [ ]  **XL****Brand:** [ ]  **BP** [ ]  **SPEX** [ ]  **Other:****Spex:** [ ] H-Harness [ ] Retractor [ ] Vest [ ] Centre Point**BP**: [ ] Trimline [ ] Standard Pivot [ ] Dynamic Pivot [ ] Standard Stayflex [ ] Narrow Stayflex**BP pull type:** [ ] Front pull [ ] Rear pull | [ ]  |
| Gel padding to suit pelvic belt | [ ]  | Gel padding to suit harness | [ ]  |
| **Additional notes:(If part number is not known provide specification for the belt, including: size, pull type, clip type)** |
| **Tray tops & Accessories** |
| **Trays** | **Tray Hardware** |
| Custom hard tray incl. edge beading | [ ]  | Hardware and receivers provided by wheelchair supplier  | [ ]  |
| Foam padded & upholstered elbow pad | [ ]  | Supply and fit of commercial hardware and receivers  | [ ]  |
| Custom soft transport tray with D-ring/ side release buckle | [ ]  | Custom made hardware and receivers | [ ]  |
|  | **Custom Mounting** |
| Bag Hooks | [ ]  |
| Drink Holders | [ ]  |
| Custom mounting **List devices to be mounted:** | [ ]  |
| **Additional notes:** |
| **Sleep systems** |
| Mould new sleep system using shape moulding bags | [ ]  | Replicate current sleep system | [ ]  |
|  | *Please provide information on current sleep system* |
| Flat sleep wedge | [ ]  |
| Contoured sleep wedge | [ ]  |
|  | Fully moulded sleep wedge | [ ]  |
|  |  |
| Upholstery for sleep system | [ ]  | EVA (water proof layer) | [ ]  |
| *Please specify upholstery e.g. fully upholstered in datex with removable covers* | Cubed gel | [ ]  |
| Slo foam | [ ]  |