|  |  |
| --- | --- |
| **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 panel  List part number & supplier or specifications: | | | | | | | |  | |
| **Ankle Huggers** | | | | | | | Custom heel keeper | | | | | | | |  | |
| Fit only, as provided by wheelchair supplier | | |  | | | | Custom calf panel | | | | | | | |  | |
| Supply and fit commercial huggers  List 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 cup  Size:  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 | | | | | |  |