|  |  |  |
| --- | --- | --- |
| **Client Name:** | **Therapist Name:** | **Location of appointments:** |
| **NDIS Funding category, if applicable:**  Core support (consumables)  Capital support (AT) | **Funding type:**  NDIS self-managed  NDIS plan-managed   NDIS agency-managed  Enable repair  Self-funded  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Work required:**  **Sewing Room:** Provide details below. Complete and attach relevant template for specific items (exampleconstraint mitt**,** neoprene wrist, thumb gauntlet etc.) complete **page 1**  **Technician time consultation:** complete **page 2**  **Sewist time consultation:** complete **page 2**  **Custom Seating:** Complete **pages 3 to 8**  **Sleep system:** Complete **page 8**  **Modifications/ Repairs:** Provide details below, including relevant measurements, photos, specifications etc. Complete relevant sections in **pages 1 and/or 3 to 8** | | |
| **Description of Request:**  *Please attach any relevant templates/ drawings / measurements as needed:* | | |

|  |  |
| --- | --- |
| **THIS SECTION IS FOR TECH AND SEWIST CONSULATIONS ONLY** | |
| **Type of appointment:**  telehealth or  face to face | **Appointment duration:**  \_\_\_\_\_\_\_\_\_\_ (minimum of 30mins) |
| **Please detail what the tech/sewist will be consulting on** | |
| new custom seating  repairs and maintenance  other  Details: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |  |
| Pockets for removable covers | | | | |  | | |
| **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**  ***Custom items only****.* ***All commercially available seat bases to be ordered by therapist***  Please list: *eg. Adaptor pad roho, vicar cells* | | | | | | | | | | | | | | |
| **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 | | | | | |  | |
| Fit only commercial headrest. ***Therapist responsible for ordering commercial headrest*** | | |  | | | | 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: *Custom items only****.* ***All commercially available headrests to be ordered by therapist*** | | | | | | | | | | | | | | |
| **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** | | | | | | | |
| Fit only commercial calf panel. ***Therapist responsible for ordering commercial calf panel*** | | | | | |  | |
| **Ankle Huggers** | | | | | | | Custom heel keeper | | | | | |  | |
| Fit only, as provided by wheelchair supplier | | |  | | | | Custom calf panel | | | | | |  | |
| Fit only commercial huggers. ***Therapist responsible for ordering commercial huggers*** | | |  | | | | 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) | | | | | |  | |
| Fit only commercial Taddy foot cup. ***Therapist responsible for ordering commercial Taddy foot cup*** | | |  | | | | 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 | | | | | |  | |
| Fit only commercial belt.  ***Therapist responsible for ordering commercial belts*** | | | |  | | | Fit only commercial harness  ***Therapist responsible for ordering commercial harness*** | | | | | |  | |
| Gel padding to suit pelvic belt | | | |  | | | Gel padding to suit harness | | | | | |  | |
| Datex covers to suit pelvic belt | | | |  | | | Datex covers to suit harness | | | | | |  | |
| **Additional notes:** | | | | | | | | | | | | | | |
| **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 | | | |  |