|  |  |  |
| --- | --- | --- |
| **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 | [ ]  |