

Section 4

Current Mobility and Seating System – page 1/1

	Manual	Power
Make and Age of w/c:		
Supplier and funder:		
Frame type and size (width x depth x height):		
Seat base (type/ wxdxh) :		
Functional seat depth:	(measure from lower back support to front edge of seat cushion)	
Cushion (type/ wxdxh):		
Overall w/c or scooter width and length:		
Back type and accessories:		
Head support:		
Armrests:		
Leg Rests (type/ angle):		
Foot Plates (type/ size/ adjustability):		
Rear Wheel (type/ size/ position/ adjustability):		
Casters (type/ size/ position/ adjustability):		
Belt/ Harness:		
W/c tray/ basket:		
Drive Method: (type/ position/ mount)		
Other (mounts for assistive technology/ ventilators/ ADLs, oxygen/ wheel locks/ etc.):		
Fit and Function: (What does client love and what does the client hate about current wheelchair? What do you notice about the fit and function of wheelchair?)	Pros:	Pros:
	Cons:	Cons: