

Basic Wheelchair Assessment Form

Service provider:		Date:	
Assessor:			
Client name:		Phone number:	
Diagnosis:			
Goals:			

1. Interview Assessment

Lifestyle and environment

Describe where the wheelchair user will use their wheelchair (eg: describe house, community, rough/smooth ground, steps, toilet etc)

Distance travelled per day: Housebound Short distance outside Long distance outside

Hours per day using wheelchair? Less than 1 1-3 3-5 5-8 more than 8 hours

When out of the wheelchair, where does the user sit or lie down and how (posture and the surface)?

Transfer: Independent Assisted **Type:** Standing Seated Lifted Other

Type of toilet (if transferring to a toilet): _____

Does the wheelchair user often use public/private transport? Yes No

If yes, then what kind: Car Taxi Bus Other _____

Method of pushing

How will the wheelchair user push their wheelchair most of the time?

Both arms Left arm Right arm Both legs Left leg Right leg Pushed by a helper

Comment: _____

Existing wheelchair (if a person already has a wheelchair)

Does the wheelchair meet the user's needs? Yes No

Does the wheelchair meet the user's environmental conditions? Yes No

Does the wheelchair provide proper fit and postural support? Yes No

Is the wheelchair safe and durable? (Consider whether there is a cushion) Yes No

Does the cushion provide proper pressure relief (if user has pressure sore risk)? Yes No

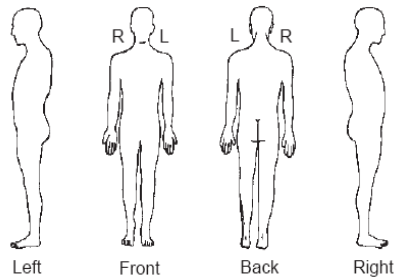
Comments: _____

If yes to all questions, the user may not need a new wheelchair. If no to any of these questions, the user needs a different wheelchair or cushion; or the existing wheelchair or cushion needs repair or modifications.

2. Physical assessment

Presence, risk or history of pressure sores

/// = does not feel O = previous pressure sore
● = existing pressure sore



Can feel normally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Previous pressure sore?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Current pressure sore?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, is it an open sore (stage 1–4)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Duration and cause:	_____			

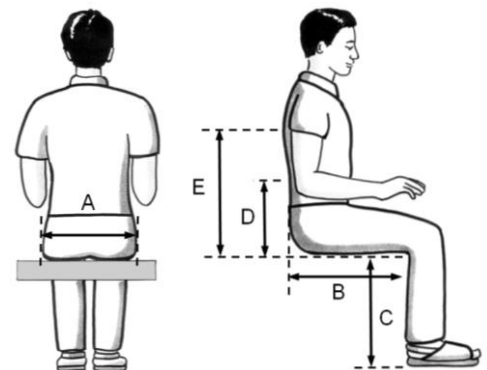
Risk Factors: Cannot move Poor posture Moisture Poor diet Ageing
 Previous pressure sore Current pressure sore Under weight Over weight

Bladder problems Bowel problems
 If the wheelchair user has bladder or bowel problems, is this managed? Yes No

Is this person at risk* of a pressure sore? Yes No
 *A person who cannot feel or has 3 or more risk factors is at risk.

Measurements

	Body Measurement	Measurement (mm)	Change body measurement to ideal wheelchair size	Ideal wheelchair measurement
A	Hip width		Hip width = seat width	
B	Seat depth	L	B less 30 – 50 mm = seat depth (if length is different, use shorter one)	
		R		
C	Calf length	L	= top of seat cushion to top of footrest <i>or</i> = top of seat cushion to the floor for foot propelling	
		R		
D	Bottom of rib cage		D or E plus height of cushion (eg: 50mm) = backrest height	
E	Bottom of shoulder blade			



Priority for follow up:	
High	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Low	<input type="checkbox"/>