

Wheelchair prescription form (basic)

Client name:					Client number:						
Service provider:				Technician:				Assessor:			
Date form completed:				Date of assessment:				Date provided:			
Serial numbers:					Funder:						

Seat width mm (inches)								Seat depth mm (inches)				
WM3		S: 360	M: 400	L: 440	XL: 480			WW3		400	440	480
WM4X		S: 360	M: 400	L: 440	XL: 480			WM4X		350	400	
RR		320 (12.5)	355 (14)	395 (15.5)	430 (17)	470 (18.5)		RR		355 (14)	406 (16)	457 (18)
Active	300		350	400	450	500		Active	300 ^A	350	400	450 ^B
AT	300		350	400	450	500		AT	300 ^A	350	400	450 ^B
Std	300		350	400	450	500	550 600	Std	330	380		430
Pre – 2018 Std	305 (12)		355 (14)	406 (16)	457 (18)	508 (20)	559 (22)	Pre – 2018 Std		355 (14)	406 (16)	457 (18)

Backrest height				Backrest position			Rear wheel balance position								
WW3		370		460	F	M	B	WW3		Active		Safe			
WM4X		370	420	470				WM4X		Active		Safe			
RR		355	406	457	Seat to floor height			RR		1	2	3	4	5	
Active	300	350	400		480	495	510	Active	1	2	3	4	5	6	7
AT	300	350	400		480	495	510	AT	1	2	3	4	5	6	7
Std		350	400	450	460	485	510	Std							
Pre – 2018 Std								Pre – 2018 std							

Active / AT notes:
A: Seat depth of 300mm is only possible with a 300mm seat width
B: Seat depth of 450mm is not available with a 300mm seat width

Footrest height (mm)		Additional cushion	Modifications / additions
Left:		WM3 – Solid seat, PRC	Cushion lift mm
		WM4X – Fabric seat, PRC	Wooden seat
Right		Jarik foam cushion	Stump board left / right
		Jarik gel cushion	Trike clip on (WM3 only)
WM3 footrest position*		Custom foam cushion	Anti-tippers (Active / AT only)
Forward	Backward**	OTHER:	Arm rests

Signatures	
Assessor signature:	
Client signature:	
Date:	

**Set the AT and Active footplate position during fitting*

***When the WM3 is in the safe rear wheel balance position and the footrest height is between 360 and 420mm, the footrest MUST be placed in the backward position.*

Notes