



Client: _____

Assessor: _____

Organisation: _____

Power Chair Script

Please select one option from each section

Base Type
Tyres
Charger
Client Weight
Powered Seating
Seat Pan Width
Seat Pan Depth
Seat To Floor
iLevel
Recline
Controller Type
Controller Side
Controller Mount
Stump Support
Legrest Type
Seat Pan To Footplate Length Left
Seat Pan To Footplate Length Right
Footplate Type/Size
Heel Loops
Armrest Type
Armpad Length
Armpad Type
Headrest
Hip Belt Type
Hip Belt Size
Back Rest
Laterals
Cushion Type
Tray
Specialty Controls

Accessories

Set-up Instructions