

Client Details

Name: _____

DOB: _____ Gender: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Health Professional Details

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Quote Type

Purchase Hire

PLEASE NOTE: Rehab Hire only offers trials for equipment purchase

Funding

NDIS NDIS No.: _____

Plan Managed Agency Managed Self Managed

Plan Manager: _____

Invoice e: _____

Support Coordinator: _____

t: _____ e: _____

TAC | WC Claim No.: _____

Case Manager: _____

t: _____ e: _____

DVA Claim No.: _____

Case Manager: _____

t: _____ e: _____

HCP Organisation: _____

Case Manager: _____

t: _____ e: _____

Invoice e: _____

SWEP Private

Other (please specify): _____

Assessment Location

Facility Client's Address

Organisation: _____

Address: _____

Postcode: _____

Contact Name: _____

Telephone: _____ Mobile: _____

Client Clinical Information

Diagnosis: _____

Progressive Non Progressive

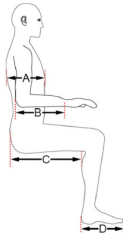
Current Pressure Injury Yes No

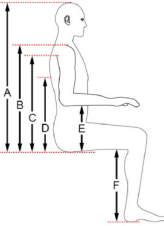
Cause: _____

Client Measurements

Height: _____ cm

Weight: _____ kg Stable Yes No

	Left	Right
 A Chest Depth	cm	cm
B Forearm Depth	cm	cm
C Buttock Thigh Depth	cm	cm
D Foot Depth	cm	cm

	Left	Right
 A Maximum Seat Height	cm	cm
B Shoulder Height	cm	cm
C Axilla Height	cm	cm
D Scapula Height	cm	cm
E Elbow Height	cm	cm
F Knee to Floor Height	cm	cm

 A Shoulder Width	cm
B Chest Width	cm
C Hip (widest point) Width	cm
D External Knee Width	cm
E External Foot Width	cm

Please complete overleaf.

Current Seating | Mobility Equipment

Equipment for Trial

Notes