

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

☐ NDISNDIS No.:

☐ Plan Managed☐ Agency Managed☐ Self Managed

Plan Manager:

Invoice e:

Support Coordinator:

t:e:

☐ TAC | WCClaim No.:

Case Manager:

t:e:

☐ DVAClaim No.:

Case Manager:

t:e:

☐ HCPOrganisation:

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

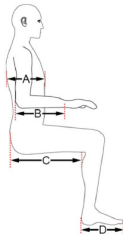
Current Pressure Injury☐ Yes☐ No

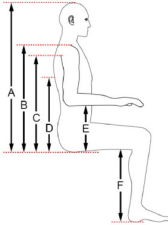
Cause:

Client Measurements

Height:cm

Weight:kgStable☐ 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

Current Seating | Mobility Equipment

Equipment for Trial

Notes