

# Configurable Lift Recline Chair Assessment Form

Prescriber's Name:	Client's Name:	
Phone Number:	Phone Number:	
Email:	Address:	
Funding Body:		

CHAIR SIZE	Part Number	Seat Depth (mm)	Seat Height (mm)	Backrest Height (mm)	Seat Width (mm)	SWL (kg)
Small / Medium	CHP198250	475 D1	490	740	485 W1	160
		525 D2			535 W2	
Tall - Medium / Large	CHP198260	525 D1	490	790	535 W1	160
		575 D2			585 W2	

#### **PRESSURE**



Pressure reducing foam (Standard) PR1



After Market Cushion
Small/Medium - 15 x 15in PR2
Tall Medium/Large - 17 x 17in PR2

#### **POSTURE**



Waterfall backrest POI (Standard)



Kyphosis backrest PO2 (Standard)



Classic style backrest PO3 Sml/Med - CHP198290 Tall Med/Lrg - CHP 198291



Advance Immersion backrest PO4 Sml/Med - CHP198295 Tall Med/Lrg - CHP198296

### ACCESSORIES \*Items highlighted in blue



Channel legrest CL CHP198320



Lateral support blocks LS CHP198315



Profiled Headrest PH Sml/Med - CHP198310 Tall Med/Lrg - CHP198311

### **CUSTOM MADE TO ORDER OPTIONS**



ROHO over seat option \* 6 x weeks lead-time Doesn't include ROHO, option available as an upcharge

### HANDSET CONTROL LOCATION

Right Hand Side HC1

Left Hand Side HC2

Attendant Position - CHP198325 HC3

## CHAIR ASSESSMENT AND SITE INSPECTION CHECK LIST

After assessment please fill out the below form prior to ordering the chair

EXTERNAL MOVEMENT					
Alternative entry access points:					
Are there steps? Yes No If yes, How many?					
Is the property accessible easily? Yes No Comments:					
Please give extra information if any:					
INTERNAL MOVEMENT					
Are the door and hallway wide enough to move the Chair? Yes No					
Does the chair have to go upstairs? Yes No					
Is there a lift? Yes No If yes please mention the lift dimensions (LxWxH):					
Is the location and space adequate for the chair? Yes No					
Is there a power outlet close to the chairs desired location? Yes No					
ADDITIONAL INFORMATION:					

### AIDACARE PTY LTD

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