

POSTUREFIT ASSESSMENT FORM

Prescriber's Name: _____
 Phone Number: _____
 Email: _____
 Funding Body: _____

Client's Name: _____
 Phone Number: _____
 Address: _____

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**



Small/Medium - 15 x 15in **PR2**
 Tall Medium/Large - 17 x 17in **PR2**

POSTURE



Waterfall backrest **PO1**
 (Standard)



Kyphosis backrest **PO2**
 (Standard)



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



Advance Immersion
 backrest **PO4**
 Medium - CHP198295
 Large - CHP198296

ACCESSORIES **Items highlighted in blue*



Channel legrest **CL**
 CHP198320



Lateral support blocks **LS**
 CHP198315



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

Building 3A, 1 Moorebank Avenue,
Moorebank NSW 2170 Australia