Wheelchair Evaluation

Date of assessment:

Name of assessor:

Wheelchair user's information	
	_
Name:	Age:
Gender:	Sex:
Address:	
Contact information:	
Existing wheelchair user?	
Yes	No (if no, please proceed, to Section II)
I: Existing wheelchair	
Does the wheelchair	
Meet the needs of the user?	
Yes	No
Meet the environmental conditions of the user?	
Yes	No
Provide postural support and the proper fit?	
Yes	No
Is the wheelchair durable and safe, considering t	the cushion?
Yes	No
Does the cushion provide proper pressure relief, risk?	especially if the user has a pressure sore
Yes	No
Additional comments:	
II: Interview assessment	
Goals	

Physical condition
Provide an overview of the patient's medical history, specifying their conditions and mentioning the existence of any bladder or bowel problems. Also, note their current mobility.
Lifestyle and living environment
Provide information on where the user will use their wheelchair, how far they travel, how often they will use the wheelchair, where they stay when they're out of the wheelchair, how they transfer to and from the wheelchair, the type of toilet they use, and whether or not they use transportation (if yes, what kind).
Additional notes:
III: Physical assessment
Abilities and limitations
Provide information on the patient's muscle strength, range of motion, posture, balance, and other functional abilities.
Provide information on how the user will maneuver the wheelchair.
Pressure sores
Is the person at risk of a pressure sore?
Yes

ote in the diagram below th	e following:		
Previous pressure soresExisting pressure sore (b	oth felt and cannot be fo	elt by the user)	
lote down the duration, cau	se, and whether or not t	the current pressure	e sores are open.
Measurements			
Body measurement	Measurement (mm)	Ideal wheelchair measurement (mm)	Notes
Hip width			

Body measurement		Measurement (mm)	Ideal wheelchair measurement (mm)	Notes
Hip width				
Seat depth	L			
	R			
Calf length	L			
	R			
Bottom of the rib cage				
Bottom of the shoulder blade				

Additional notes
Provide information on the user's current seating, distribution, needs, etc.
Recommendation and plans
Wheelchair and seating system
Provide information on the patient's wheelchair, seating, and support.
Action plan
Provide information on the fitting, training, and follow-up.
Additional information