

Wheelchair Evaluation

Name: _____ Age: _____

Medical History

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Current Mobility

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Goals

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Interview

Living Environment:

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Lifestyle and Daily Activities:

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Challenges:

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Physical and Functional Assessment

Muscle Strength:

Range of Motion:

Posture and Balance:

Functional Abilities:

Risk Factors:

Seating and Positioning Evaluation

Current Seating:

Posture and Pressure

Distribution:

Needs:
Recommendations and Plan
Wheelchair and Seating System
Wheelchair:
Seating:
Support:
Action Plan
Fitting:
Training:
Follow-Up:

Disclaimer: This evaluation form is designed to assist individuals in navigating the physical evaluation process. It is not intended as a substitute for professional medical advice, diagnosis, or treatment.