

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 the cushion?	
Yes	No
Does the cushion provide proper pressure relief, especially if the user has a pressure sore risk?	
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

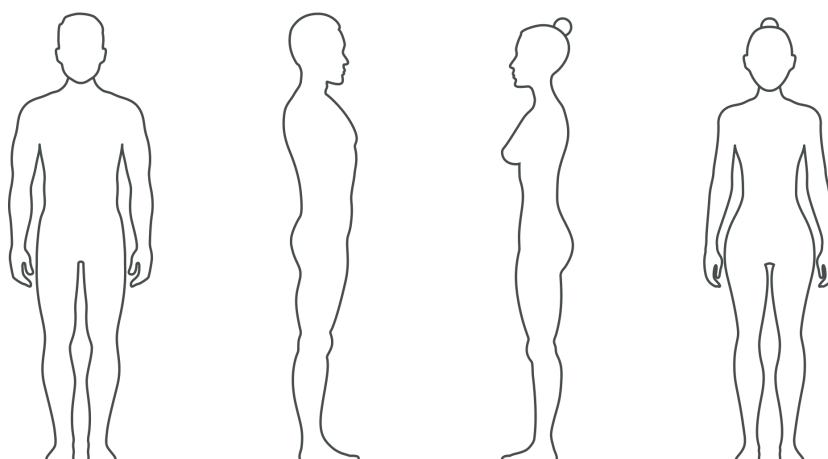
Is the person at risk of a pressure sore?

Yes

No

Note in the diagram below the following:

- Previous pressure sores
- Existing pressure sore (both felt and cannot be felt by the user)



Note down the duration, cause, and whether or not the current pressure sores are open.

Measurements

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