# A specification form must accompany an MRES order for a Complex or Non-List manual wheelchair, *and some Standard List options (marked in catalogue).*If you need support, please contact the MRES Clinical Advisory Services team at acc.advisor@enable.co.nz

# Specification form

# ACC MRES Manual Wheelchair

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** | First and Last name  | **Assessor name** | Name. |
| **Date of Birth** | Enter date of birth. | **Assessor contact details** | Contact details. |
| **User weight** | User weight. | **Order number** | Order number. |
| Provide all measurements in mm, inches where appropriate. |
| **Preferred model and style** *(eg: folding, rigid, tilt in space, ultralightweight, frame material etc):* | Click or tap here to enter text. |
| [ ]  **Similar options can be considered** |
| **Seat width** | In mm or Inch | **Seat depth** | In mm or Inch |
| **Seat to footplate height***Without cushion*  | In mm or Inch | **COG position** | Specify |
| **Rear wheel size / type** | Specify | **Caster wheel size / type** | Specify |
| **Camber:** | Degrees  |
| **Back post height** | In mm or Inch | **Front seat to floor height** | In mm or Inch |
| **Push handles required**  | Yes or No |  **Rear to floor height** | In mm or Inch |
| **Front hanger angle** | Degrees  | **Fixed font / swing away** | Specify |
| **Brake type** | Specify | **Pelvic positioning belt size / type** | Specify |
| **Leg / foot support requirements**  | Specify | **Arm support requirements** | Specify |
| **Back upholstery required** | [ ]  **None** | [ ]  **Standard** | [ ]  **Tension Adjustable upholstery (TAU)** |
| **Back support details** *(If back upholstery is not being used) eg. active contour, deep contour, planar, modular, height, width etc* | Enter text |
| **Other Requirements:** *eg other wheelchair accessories and/or seating* | Enter text |