# 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](mailto: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 | | | |