# A specification form must accompany an MRES order for a power wheelchair. If you need support, please contact the MRES Clinical Advisory Services team at acc.advisor@enable.co.nz

# ACC MRES Power Wheelchair

# Specification form

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** | First and Last name  | **Assessor name** | First and Last name |
| **Date of Birth** | Enter date of birth | **Assessor contact details** | Contact details |
| **User weight** | User Weight | **Order number** | Order number |
| Please provide all measurements in mm or inches |
| **Preferred model and style** *(eg: portable/folding; mid-wheel drive 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 |
| **Power seat functions:** |
|[ ]  **Power tilt** |[ ]  **Power recline** |[ ]  **Power anterior tilt\*** |
|[ ]  **Power seat elevation** | [ ]  | **Power elevating leg supports\*** |[ ]  **Power standing** |
| **Floor to seat pan height:** | In mm or Inch | **Seat pan to footplate height:** | In mm or Inch |
| **Controller:** |[ ]  **Left side** |[ ]  **Right side** |[ ]  **Attendant control** |
| **Alternative switch / driving control***(eg: head array, chin control etc):* | Specify |
| **Leg / foot support requirements** *(eg. Swing-away, centre-mount, angle-adjustable foot support etc):* | Specify |
| **Arm support requirements:** | Specify |
| **Pelvic positioning belt size / type:** | Specify |
| **Back support details** *(eg. Active contour, deep contour, planar, modular, height, width etc)* | Specify |
| **Other Requirements:** *(eg other wheelchair accessories and/or seating):**\*Specify power elevating leg support and anterior tilt details here, if requested.* | Specify |