# 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](mailto: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 | | | | | | | |