



Wheelchair Assessment Order Form

Please fax to SelfCare – Vancouver 604.872.8388 or North Shore – 604.990.9424 or Surrey – 604.574.5805 or Sechelt – 604.741.9921

To: _____ From: _____ OT / PT

Client's Information:

Name: _____
Height: _____ ft/in Weight _____ lbs
Address (ship to): _____

City: _____
Province: BC Postal Code: _____

Payer's Contact Information (Bill To):

Name: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Phone #: _____
Comments: _____

Wheelchair Specifications (in inches):

A) Seat Width: _____ "
B) Seat Depth: _____ "
C) Back Height: _____ "
D) Seat to Floor: _____ " overall (including cushion)

Body Mechanics:

A) Arm Propelling: RHS LHS
B) Foot Propelling: RHS LHS
Comments: _____

Type of Mobility (Manual / Power):

A) Basic Manual Wheelchair: Transport Standard Lightweight
B) Custom Manual Wheelchair: Folding Rigid
C) Tilt in Space Wheelchair: Tilt Recline Both Tilt & Recline
D) Power Mobility Wheelchair: Rear Wheel Center Wheel Other Power Options: _____
Joystick Mount: RHS LHS

Comments: _____

Seating (Back / Seat):

A) Pelvic Obliquity: RHS LHS
B) Leg Discrepancy: Longer Left Right
C) Back Deformities: Kyphosis Scoliosis Lordosis
D) Other Equipment: Headrest Positioning Belt Lap Tray
 Legrest Panel Adjustable Angle Footplates

Back Type: _____

Cushion Type: _____

Additional Comments: _____

Contact Therapist's Phone #: _____ Fax #: _____

Organization: _____ Email: _____

VANCOUVER
43 West 6th Avenue
Vancouver, BC V5Y 1K2
(lots of free parking in back)
Phone: 604-872-5800
Fax: 604-872-8388
infovan@selfcarehome.com

NORTH VANCOUVER
1340 Pemberton Avenue
North Vancouver, BC V7P 2R7
(lots of free parking on south side)
Phone: 604-990-9422
Fax: 604-990-9424
infovn@selfcarehome.com

SECHELT
5654 Dolphin Street
Sechelt, BC V0N 3A0
Phone: 604-741-9920
Fax: 604-741-9921
infosc@selfcarehome.com

SURREY
#108A, 17533 64th Avenue
Surrey, BC V3S 1Y8
Phone: 604-574-5801
Fax: 604-574-5805
infosurrey@selfcarehome.com