

WHEELCHAIR MOUNTING

Assessment Form

We look forward to assisting you with a mounting solution. We require the following details to be completed so that we can provide an accurate recommendation and quote. Please contact us if you require any assistance.

Requestor Details

Name	
Organisation	
Role	
Email	
Phone	

Client Details

Name	
DOB	
Diagnosis	
NDIS #	

Wheelchair Details *(please enter the manufacturer & model e.g., Quickie Iris, and tick all features that apply)*

MANUFACTURER & MODEL

Type

- Manual
- Powered
- Stroller

Features

- Tilt in Space
- Recline
- Folding
- Sit-to-stand/seat elevation

Armrests

- Flip up
- Fully removeable
- Fixed

Controller

- Left Side (of client)
- Right Side (of client)
- Swing-away controller
- Attendant controlled

Wheelchair Tray

- Yes No
- Method of attachment

Footplates

- Single plate
- Two separate plates
- Swing-away
- Fully removeable
- Fixed

Frame Tubing *(for affixing the frame clamp for the mount to the wheelchair)*

Round



Location(s)

Diameter(s)*

Rectangular/square



Location(s)

Size (width/depth)

Railing



Location(s)

**to measure diameter:*

Option 1: use calipers (available from most hardware stores).



Option 2: use a soft measuring tape to get the measurement around the tube (circumference) and use an online converter to convert the circumference to diameter. Alternatively, you can wrap a strip of paper around the tube, make a mark where the paper meets up, and then lay the paper flat and measure using a ruler or rigid tape measure. This is the circumference and can be converted to diameter. **Video re: measuring diameter:** www.youtube.com/watch?v=bq3UK4CKdEI

Additional Measurements

Are there obstructions on the tube or railing that may impact on installing the frame clamp? E.g., seat belt fixing point or tie-down points? Yes No

Location

How much clear space is available for frame clamp installation (width mm)

Are there existing holes in the tubing / railing? Yes No

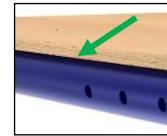
Location Diameter of hole (mm)

Distance between centres of two adjacent holes (mm)



Does the seat base sit directly on top of the tube? Yes No

If not, how much gap is available (mm)?



Mount Preferences

Mount side* (of user when in chair)

- right
- left
- no preference

*mounting on right is recommended unless not possible due to client needs or wheelchair elements

Adjustments

- Quick-shift levers (no tools)
- Screws (requires tools, but may prevent unwanted changes to mount)
- Remove whole mount (by using base coupler – added part)

Additional mounting required

- 2nd wheelchair (please complete a separate form)
- Floorstand
- Table Stand
- Other

Mounting of second device or access method

(does the client require any of the following to be included in their wheelchair mounting solution?)

- Switch mounting
- Mounting for a second device
- Other. Please specify:

Method of client transfer (please indicate any details regarding the client's transfers that may impact where the mount is placed on the wheelchair):

Device Details

Manufacturer / Model (e.g., Tobii I-13, iPad 10.2" 7th gen.)

Device Weight:

Is there already a mount plate on the device? Yes No

*iPads

Would you like to include an Otterbox Defender Case in your quote? Yes No

Pictures

IMPORTANT – Please take clear photos of the wheelchair, matching all the angles depicted. In addition, please include a photo showing where the device needs to be positioned, using a sheet of paper to represent the device. Make sure the wheelchair is clearly visible with correct focus and light. Please correctly orientate all photos before sending and send as a JPEG or in a .zip file.



Whole Front



Back and Underneath



Whole Angular



Whole Side



Detail (From side)