

CLIENT DETAILS

Name: _____

DOB: _____ Gender: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

HEALTH PROFESSIONAL DETAILS

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

QUOTE TYPE

Purchase Hire

NOTE: Rehab Hire & Sales only offers trials for equipment purchase.

FUNDING

NDIS NDIS No.: _____

Plan Managed Agency Managed Self Managed

Plan Manager: _____

Invoice e: _____

Support Coordinator: _____

t: _____ e: _____

TAC | WC Claim No.: _____

Case Manager: _____

t: _____ e: _____

DVA Claim No.: _____

Case Manager: _____

t: _____ e: _____

HCP Organisation: _____

Case Manager: _____

t: _____ e: _____

Invoice e: _____

SWEP Private

Other: (please specify) _____

ASSESSMENT LOCATION

Facility Client's Address

Organisation: _____

Address: _____

Postcode: _____

Contact Name: _____

Telephone: _____ Mobile: _____

CLIENT CLINICAL INFORMATION

Diagnosis: _____

Progressive Non Progressive

Current Pressure Injury Yes No

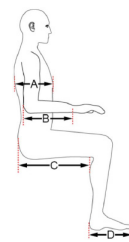
Cause: _____

CLIENT MEASUREMENTS

Height: _____ cm

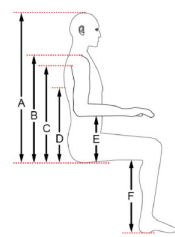
Weight: _____ kg Stable Yes No

Depth Left Right



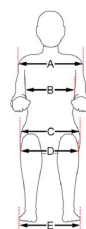
A Chest	cm	cm
B Forearm	cm	cm
C Buttock Thigh	cm	cm
D Foot Depth	cm	cm

Height Left Right



A Maximum Seat	cm	cm
B Shoulder	cm	cm
C Axilla	cm	cm
D Scapula	cm	cm
E Elbow	cm	cm
F Knee to Floor	cm	cm

Width Left Right



A Shoulder	cm	cm
B Chest	cm	cm
C Hip (widest point)	cm	cm
D External Knee	cm	cm
E External Foot	cm	cm

Pelvic Obliquity Left Right

Please complete overleaf.

CURRENT SEATING | MOBILITY EQUIPMENT

EQUIPMENT FOR TRIAL

NOTES
