## **Action Form Power Mobility**

Date: \_\_\_\_\_

Rep Name: \_\_\_\_\_

			Appt Date:						
<u>Client I</u>	nformation:		<b>Fund</b>	ing Info	<u>0:</u>				
Name:		Billing Contact:		(			urce:		
Address: _		Postal Code:		_					
				I.D.#:					
Phone:				D.V.A-K#:					
Therapist:		Ph#		Cell: _		Fa:	x:		
		A	E		I	4			
<u> </u>		В	F		1	5			
(E)		C	G		_ 2	6			
	B	D	H		3	7			
		Height Weight (approx)							
	Alex	Condition:							
G F	F	Client Notes:							
	77								
0									
		Supplemental Equipment Needs:							
	0///	Hospital Bed:							
F		Mattress:							
	Pelvic Obliquity?	Lift System:Sling/Size:							
	Left:	Bathroom Safety:							
(,) (,)	Right:	Commode: Walker: ADL Products:							
1/4 3/4									
		Lift/Entry Prod							
□ Quote	e □ <u>Invoice</u>	-							
Quantity	/ Part#	Vendor / De	scription		Retail \$	Disc	Total	7	
					•			1	
-								4	



Rep:	Client:			Tech:	
Equipment Informa					
Type:					
Size Specs: Width:	Depth:	STF:	KTH:		
Seating Info:	1				
Cushion:		Height		_	
Backrest:		Set Height to	(from se	eat pan) Set Angle to_	0
Headrest:		Set Height to		_	
Armrest: Left -□ full length	desk length	Set Height to			
: Right - $\Box$ full leng	th □desk length	Set Height to			
Arm Positioning Misc - Lef	t:				
Arm Positioning Misc - Rig	ht:				
Joystick:	Swing Away $\square$ Ce	enter Mount <b>Arm-to-C</b>	Gimble Meas	urement:	
Special:					
<b>Legrest Type</b> :□70° □90° HeelLoop	☐Manual ☐Power	Elevating <b>Footrest</b>	: Fixed A	angle Adj □Footplate	;
<b>Lower Extremity Position</b>	ing: $\square$ Calf Strap $\square$ 1	Legrest Panel $\square$ Padd	ed Non-Pa	dded □Ankle Hugge	$r \square S \square M$
$\Box$ L					
☐Hip Guide ☐Left ☐Righ	txx	Quick Release	□Fixed □Kı	nee Button 🗆 Left 🗀	Right
Seatbelt:	2 Point 4	Point  Padded  O	Other		
<b>Upper Extremity Position</b>	ng:□Lateral(s)	🗆 Le	eft Height	Right Hei	ght
$\square$ Swing-Away $\square$ Fixed $\square$	Size	Other			
☐ Chest Strap ☐ Chest Ha	arness 🗌 Padded 🗌	Non-Padded  Other	r		
<b>Additional Notes:</b>					
				·	

Tech Signature: \_\_\_\_\_\_Date Completed \_\_\_\_\_/\_\_\_Sales Signature: \_\_\_\_\_