

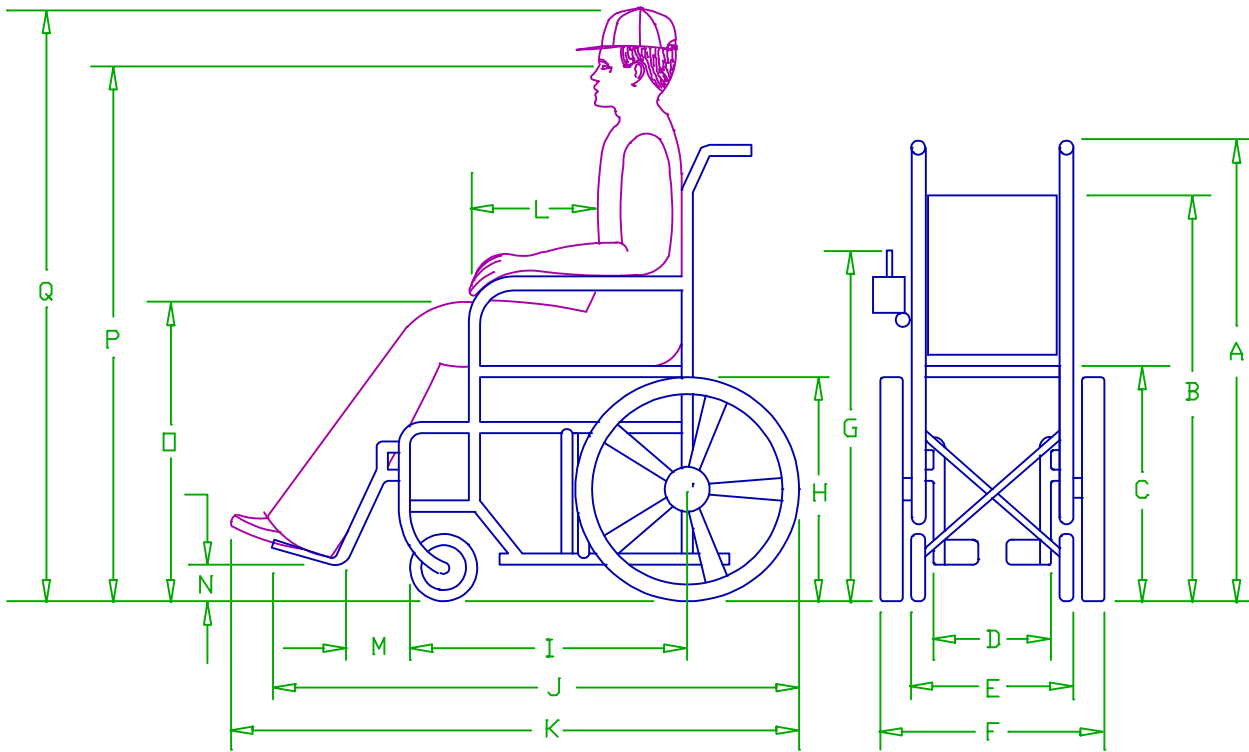
# EVALUATION REPORT MOBILITY CHAIR-VAN MARK IX

Client Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

Date \_\_\_\_\_

## Wheelchair measurements-van



Wheelchair Mfg. \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_  
 Removable armrests \_\_\_\_\_ Removable leg rests \_\_\_\_\_ Power Recliner \_\_\_\_\_ Power Foot Rest \_\_\_\_\_  
 Cushion thickness \_\_\_\_\_ Other \_\_\_\_\_

- \_\_\_\_\_ A. Overall wheelchair height
- \_\_\_\_\_ B. Height of wheelchair back upholstery
- \_\_\_\_\_ C. Height of seat (floor to top of fabric where it attaches to the wheelchair)
- \_\_\_\_\_ D. Maximum footrest width
- \_\_\_\_\_ E. Maximum caster width (including nuts)
- \_\_\_\_\_ F. Maximum width of rear wheels, including hand rims (measured near ground)
- \_\_\_\_\_ G. Height of wheelchair control on power wheelchair
- \_\_\_\_\_ H. Diameter of rear tire
- \_\_\_\_\_ I. Horizontal distance from front of caster to rear wheel axle
- \_\_\_\_\_ J. Overall horizontal length from rear edge of rear tire to front edge of foot plate
- \_\_\_\_\_ K. Overall horizontal length from rear edge of rear tire to toes
- \_\_\_\_\_ L. Torso to front edge of chair seat (measured at waist)
- \_\_\_\_\_ M. Distance from rear of footrest to front of caster tire
- \_\_\_\_\_ N. Minimum footrest height
- \_\_\_\_\_ O. Top of thigh to ground
- \_\_\_\_\_ P. Eyes to ground
- \_\_\_\_\_ Q. Overall height from top of head to ground (Not shown on diagram)
- \_\_\_\_\_ R. Lowest height to which client can bend and still operate their wheelchair
- \_\_\_\_\_ S.