



Wheelchair application

Name: _____ Date of Birth: _____ Sex: M F
last first middle month day year (circle one)

Address: _____
number street city state or province country

Phone number _____ where we can contact you.

Doctor or Clinic: _____ Church or Sponsor: _____

Measurements

It is important to get correct measurements in centimeters (cm) for proper fitting while the patient is in a seated position. (See examples A, B, C, D in illustration of seated boy.)

A. Measure from the seat to the underarms

_____ cm _____ in
(Multiply # cm by .3937 for equivalent measurement in inches)

B. from the back of the seat to just behind the knee

_____ cm _____ in

C. from the bottom of the heel to just behind the knee

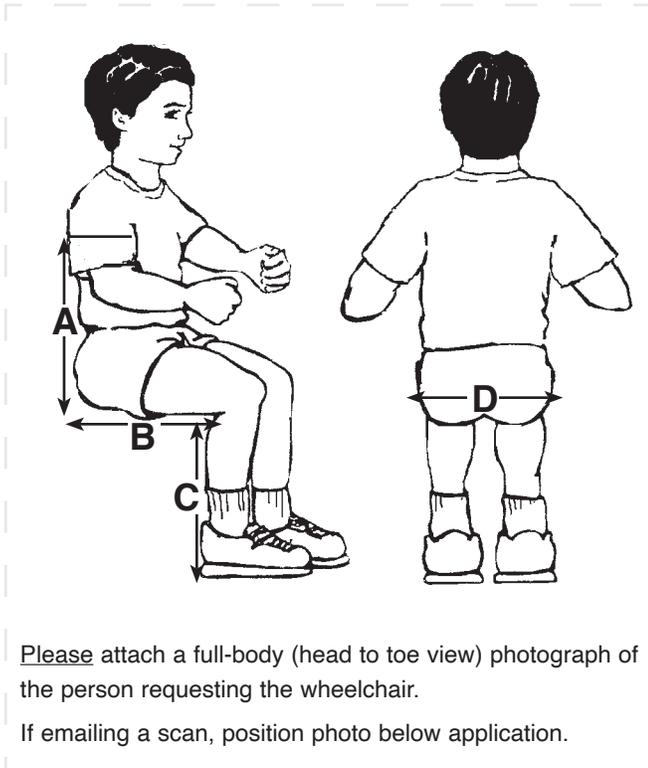
_____ cm _____ in

D. the amount of space used on the seat from right hipbone to left hipbone (NOT all the way around the hips!)

_____ cm _____ in

Check the best seat width: 30.5 cm/ 12 inches
 35.6 cm/ 14 inches 40.6 cm/ 16 inches
 45.7 cm/ 18 inches 50.8 cm/ 20 inches

Staple or tape photo here:



Please attach a full-body (head to toe view) photograph of the person requesting the wheelchair.

If emailing a scan, position photo below application.

Other special needs: (Check all the apply.)

- Patient can move the wheelchair with equal strength in both arms
- Patient is moved by a care-giver
- Patient can move his/her body from the wheelchair to another chair or bed (self-transfer)
- Patient requires a care-giver to transfer
- Patient can walk short distances:
 - with some help from a friend
 - with a cane or crutches or a walker
- Patient cannot walk short distances
- Patient has lost all or part of a leg (amputee) Where? (Check all that apply.)
 1. half calf right left
 2. at the knee right left
 3. half thigh right left
 4. full leg right left

Patient also needs his/her wheelchair to:

- recline to breathe
- have a belt to keep spastic limbs in place:
 - seat-belt leg-belt

Terrain (check all the apply)

- Chair will be used indoors
- Chair will be used on smooth roads
- Chair will be used on rough roads
- Patient can self-propel over rough roads
- Patient uses bus or taxi

Return by mail to:
 Wheels of Hope
 9800 Morges Rd. SE
 Waynesburg, Ohio 44688 U.S.A.

Email scanned copy or questions to our Operations Manager:
 patrick@wheelsofhope.org