



**MEDICAL DIAGNOSES AND FUNCTIONAL IMPLICATIONS RELATED TO NEED FOR WHEELCHAIR**

**ASSESSMENT FINDINGS: USAGE PROFILE & PROPULSION STATUS**

<input type="checkbox"/> <b>Part Time User (3-6 hours per day)</b>		<input type="checkbox"/> <b>Full Time User (6+ hours per day)</b>
<input type="checkbox"/> <b>Attendant Assist</b> <i>(Does not propel/dependent; pushed at all times)</i>	<input type="checkbox"/> <b>Partially Independent</b> <i>(Requires assist in some environments/ outdoors or for longer distances)</i>	<input type="checkbox"/> <b>Independent</b> <i>(Propels independently in all environments)</i>

**APPLICANT MEASUREMENTS**

<b>CURRENT WEIGHT:</b> _____ lbs./ kg (circle one)	<b>HEIGHT:</b> _____ ft. in./ cm (circle one)
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MEASUREMENTS	INFORMATION PROVIDED IN THIS APPLICATION MUST REFLECT APPLICANT'S CURRENT MEASUREMENTS	Measurement (inches)
	Hip Width: (straight line) or widest part of body in sitting	
	Thigh Length: (straight line) from back of buttocks to back of knee	
	Lower leg length: (straight line) from back of knee to bottom of heel	
	Back height: Sitting surface to axilla	

**BASIC WHEELCHAIR PARAMETERS**

SEAT WIDTH	<input type="checkbox"/> 16"	<input type="checkbox"/> 18"	<input type="checkbox"/> 20"
SEAT DEPTH	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 18"
SEAT HEIGHT	<input type="checkbox"/> 17.75" <input type="checkbox"/> 19.75"	<input type="checkbox"/> 17.75" <input type="checkbox"/> 19.75"	<input type="checkbox"/> 19.75"
BACK HEIGHT	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"

**WHEELCHAIR ACCESSORIES**

HEIGHT ADJUSTABLE FLIP BACK ARMREST	LEG RESTS w/ composite footplates	WHEEL LOCK EXTENSIONS	ANTI-TIPPERS
<input type="checkbox"/> Full length <input type="checkbox"/> Desk length	<input type="checkbox"/> 70 degrees <input type="checkbox"/> Elevating (ELR) Justification:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> No <input type="checkbox"/> Yes

**PRESCRIBER CONFIRMS AND ACKNOWLEDGES THE FOLLOWING CONDITIONS:**

Prescribed wheelchair will fit in applicant's home environment  
 Discussed with client and home care case coordinator of "temporary" status of wheelchair.

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

## TEMPORARY STATUS - LOAN AGREEMENT

**This equipment is the property of Winnipeg Regional Health Authority (WRHA) Manitoba Wheelchair Program as operated by Manitoba Possible .**

1. I am entitled to use the equipment while I am a full-time resident of Manitoba. If I move outside of Manitoba, I will return the equipment before leaving the province.
2. If I move within Manitoba, I will promptly report my new address and telephone number to the Manitoba Wheelchair Program.
3. I will only use the equipment for my personal mobility.
4. I will not sell, loan or allow any other person to use the equipment.
5. I will store the equipment in a secure, heated and dry indoor space to avoid damage or loss.
6. I am responsible to use the equipment with reasonable care, keep it clean and regularly maintained.
7. If the equipment is lost or stolen, I will contact Manitoba Possible immediately and provide a Police Report if required.
8. I will not remove the permanent identification sticker attached to the equipment.
9. I will make the equipment available for servicing as necessary.
10. The Manitoba Wheelchair Program will have no responsibility for equipment repairs outside of Manitoba.
- 11. Upon acceptance and transfer to a personal care home (PCH), I will return my wheelchair to the Manitoba Wheelchair Program, 1857 Notre Dame Avenue, Winnipeg, Manitoba R3E 3E7.**

*The Personal Health Information on this application is treated in compliance with "The Personal Information Protection and Electronic Act." To serve you better we may need to share your information with others. Most commonly these include medical professionals. Manitoba Possible promises to treat your personal information in a secure and reasonable fashion while providing you with the highest level of professional service.*

- I have read and understand the terms of the rental equipment agreement. I am legally bound by the terms and accept the equipment on these terms.
- I authorize Manitoba Possible to disclose my personal health information contained in my wheelchair application to authorized personnel for the sole purpose of processing my wheelchair request.

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Client's Signature

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Witness Signature

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Witness Name (print)

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Date