



Case History for Wheelchair Seating Clinic

Patient's name:
Caregiver's name:
Phone number:

Patient goals for new equipment:
Caregiver goals for new equipment:

Diagnoses:

Surgeries:

Orthotics/Prosthetics:

Medications:

Current Seating/Mobility System:
Age of system:

Is the chair going to be used in the home? Yes or No
Is the entrance: level, stairs, ramp, or lift (circle one)
Width of entrance:
Number of floors:
Is bedroom accessible: Yes or No
Is bathroom accessible: Yes or No

Is the child going to be transported in the chair via Van or Bus? Yes or No
Does the wheelchair need to be folded down to fit in a car trunk? Yes or No
Size of trunk (W x D x H):