



# Spica Chair Rental Service - Clinical Assessment Form

Please fill in, save and email to [info@chunc.co.uk](mailto:info@chunc.co.uk)



## Patient Details

<b>Patient Name/Initials:</b>	<b>Patient Date of Birth:</b>
<b>Therapist:</b>	<b>Date of Assessment:</b>

## 1. Purpose of Rental

What is the purpose of the rental chair?	Please Tick
Post-surgery (e.g. hip, spinal)	<input type="checkbox"/>
Casted limb/short term immobilisation	<input type="checkbox"/>
Injury/rehabilitation (sport or accident)	<input type="checkbox"/>
Temporary functional support for daily activities	<input type="checkbox"/>
Other: (please specify)	

Expected duration of rental: \_\_\_\_\_ weeks

## 2. Current Mobility Status

Is the child already a full time wheelchair user?	Please Tick
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes:

What is the model name/make of their primary wheelchair?	
What are their daily mobility needs	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Healthcare/Therapy <input type="checkbox"/> Social Activities
Are there any functional limitations/considerations?	

## If no:

What is their current mobility level?	<input type="checkbox"/> Fully ambulatory <input type="checkbox"/> Partially ambulatory <input type="checkbox"/> Non ambulatory
What support is needed for daily activities?	

## 3. Functional Requirements

What daily activity support is needed?	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Social/Play <input type="checkbox"/> Therapy/Rehab
What is the primary goal of the chair?	<input type="checkbox"/> Maintain independence at home <input type="checkbox"/> Reduce pain or discomfort <input type="checkbox"/> Avoid falls/strain/carer support <input type="checkbox"/> Support activity outside home
Are there any special considerations?	
Who assists with mobility?	<input type="checkbox"/> Parent <input type="checkbox"/> Carer <input type="checkbox"/> Other (please specify)
Are there any moving and handling requirements?	

## 4. Functional Fit Checklist

Area	Fully Supported	Partially Supported	Not Supported	Notes/Observations
Sitting Posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comfort/Pressure Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engagement in Activities (Play, School, Therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety/Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carer Handling/Usability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 5. Short Term Functional Goals (Focus on functional outcomes rather than chair specifications)

Goal 1:	
Goal 2:	
Goal 3:	

## 6. Environmental Factors to Consider (Home/Care Settings)

The Spica frame measures **620mm (24.4 inches) wide** and has a **1.2 metre turning circle**.\*

Standard internal door widths in the UK are:

- England and Wales: typically 762mm (30 inches)
- Scotland: typically 726mm (28.6 inches)

\*Standard chair, however please consider outer extremities once chair user is cast.

## 7. Recommendation

Short term rental chair appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative intervention recommended (please specify)	
Other considerations	

<b>Therapist Signature:</b>
<b>Date:</b>

## Special Requests/Additional Comments

Contact your local seating specialist or  
e: [info@chunc.co.uk](mailto:info@chunc.co.uk)  
t: 01432 377512

Spica\_Pre\_Assessment\_v1\_01-2026