Clinical Pre-Assessment Form

Please fill in, save and email to info@chunc.co.uk

Purpose of this form

This form provides background information ahead of a clinical assessment. It does not replace your detailed assessment of posture, function, seating, mobility or equipment. The information will help you understand your client's current situation, priorities, and likely assessment pathway.

Referral/Contact Information:

Client Name:	Date of Birth:
Phone Number:	Email:
Postcode:	Funding: ☐ NHS ☐ PWB
Referrer:	Role/Organisation:
Date of Referral:	Contact Details:

1. Current provision

What wheelchair/seating system does the client currently use?	
How long have they had it?	
What is working well with the current system and should ideally be retained?	
Are there any current concerns with the wheelchair or seating?	

2. Functional need

What does the client need their wheelchair/seating system to help them do? Please describe main day to day needs, activities and priorities.	
What are the key functional objectives?	1. 2. 3.

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3. What has changed?

What has changed since the current wheelchair/seating system was provided?	Please Tick
Physical growth or change	☐
Change in functional ability	☐
Change in posture/positioning needs	☐
Change in lifestyle, environment or activities	☐
Current equipment no longer suitable	☐
Equipment is worn, damaged or reaching the end of its useful life	☐
Nothing significant has changed	☐
Other: (please specify)	

4. New objectives

What are the most important new functional objectives?	1. 2. 3.

5. Postural support

Are there any concerns about your clients posture, positioning or comfort in their current system?	☐ No concerns ☐ Yes
If yes, please specify:	

6. Clinical assessment pathway

What would you like the clinical assessment to consider?	☐ **Review of existing wheelchair/seating.** The current system may remain appropriate, but requires clinical review of posture, function, fit or adjustment. ☐ **New wheelbase.** The seating/postural requirements may remain broadly appropriate, but the current wheelchair base may no longer meet the clients needs. ☐ **New wheelchair/seating system.** The clients needs have changed and a new wheelchair system may be required. ☐ **Unsure.** Clinical assessment required to determine the appropriate solution.

7. Timescale

When is the clinical assessment required?	☐ Routine ☐ Within 3 months ☐ Within 6 months ☐ Urgent ☐ Other, please specify
Is there a particular reason for this timeframe?	

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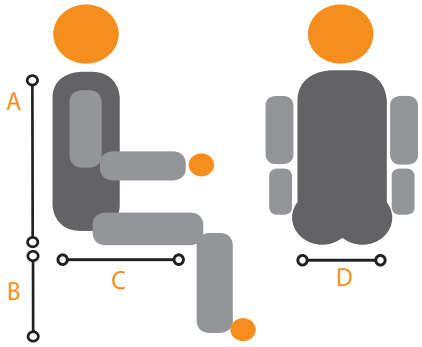
If you would like to book a chair assessment, please complete the following section:

Measurements



A. Back Height. This is how tall the back of the chair needs to be.
Think: Measure from the top of your shoulder down to where your bottom touches the seat.

B. Lower Leg Length. This tells us how high the footrests should be.
Think: Measure from the back of your knee down to your heels while sitting.

C. Seat Depth. This helps us choose how deep the seat should be.
Think: Measure from the base of your spine (where your lower back meets the seat) to the back of your knee.

D. Seat Width. This ensures the chair isn't too tight or too wide.
Think: Measure the width of your hips from the outside of one hip to the outside of the other.

Please specify your measurements using the above guides

A (cm/in)		B (cm/in)		C (cm/in)		D (cm/in)	
cm	in	cm	in	cm	in	cm	in

Where will the assessment take place?	☐ School ☐ Home ☐ WCS
Address for assessment	
Is there appropriate parking for a van?	☐ Yes ☐ No
If no, please specify nearest location	
What days/times are most suitable for an assessment?	☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☐ AM ☐ PM

Thank you. We will be in touch to arrange an assessment or discuss your enquiry in more detail.

Special Requests/Additional Comments

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