Spica Referral Form

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

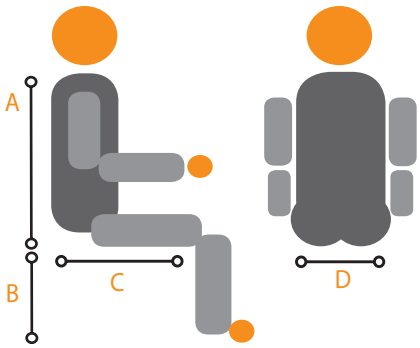
Patient Details

Date of order:	**Patient name:**
Patient height:	**Patient weight:**
Patient date of birth:	**Existing wheelchair user? Yes ☐ No ☐**

Surgery

Date of surgery:
Type of surgery:

Are there any postural or range of movement limitations?



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

Chunc Limited | Unit 416, Tarsmill Court, Rotherwas Industrial Estate, Hereford, Herefordshire | HR2 6JZ |
Telephone: +44 (0)1432 377512 | E-mail: info@chunc.co.uk | Website: www.chunc.com

Chair Type

Chair Model	Please Tick ONE Option Only
Hip Spica	☐
Spinal Spica	☐


Standard Fixed Arms


Swing Away Arms

Arm Supports

Please select ONE option only.

Type	Please Tick
Standard Fixed Arms	☐
Multiplane Swing Away Arms*	☐

**Swing Away armrests are only available on medium and large chairs.*


Standard Leg Assembly


Footbox

Leg Assembly

Type	Please Tick ONE
Standard Leg Assembly	☐
Footbox	☐

Pelvic Positioning Belts

Type	Sizes (Please select ONE)				Qty
	XS	S	M	L	
2 Point Lap Belt	☐	☐	☐	☐	
4 Point Lap Belt	☐	☐	☐	☐	

Accessories

Both options are available.

Type	Please Tick
Activity Tray	☐
Pommel	☐

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Delivery and Set Up

Estimated date for chair delivery:	
Estimated date for set up:	
Venue for set up. If home, please supply address including postode:	
Telephone:	

Spica Chair Loan Duration

Expected duration of loan:	
Predicted return date (subject to change):	

Collection

Parent/Guardian contact name:	
Telephone:	
Email Address:	
Please complete venue address including postcode for collection:	

Special Requests/Additional Comments

Contact your local seating specialist or
e: info@chunc.co.uk
t: 01432 377512

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