



REMOTE ASSESSMENT GUIDE FOR Tilt-in-Space and Options Shower Chairs

APPLIES TO MODELS: 981-S • 900-S • 7700-S • 7710-S • 7712-S • 7711-S

To be completed by the Assessor. Please tick all appropriate responses and provide detail where requested.

1.	What type of chair does the SU currently use?
2.	What width seat does the SU require? cm / inch
3.	What seat height is required? cm / inch
4.	What is the SU weight?Kgs.
5.	What do you need the equipment to do? Toileting Showering Both
6.	What type of seat is needed? Gap Gap Gap Full Ful
7.	What type of seat padding is needed?
8.	What arm type is required? Straight T with infills T without infills Octopus
9.	Which type of wheel base is required? Attendant Self-propelled Transit Static
10.	Does the SU require head support? Yes No
11.	Are they an amputee? Yes No
12.	Does the User extend or have excessive movements?
13.	Equipment is supplied with a standard lap strap. Is a pelvic lap strap also required? No Point o Four Point Ves; o Two Point o Four Point
14.	Is a four-point harness required?
15.	Does the User need additional lateral support? Yes No
16.	What position does the SU need to achieve or is able to maintain? Seated Supine Reclined
17.	How does the User transfer into the chair? Standing Hoist Other
18.	Is a commode pan required? I Yes No
Ad	ditional notes: