Wheelchair Skills Program
Wheelchair Specification Form

Wheelchair user name: ___________________________  Date: ____________
Name of person completing form: ________________

Manufacturer: (specify) ________________
Model name: ________________
Serial #: ________________

Power drives:  
- [ ] Mid-wheel
- [ ] Rear-wheel
- [ ] Front-wheel

Power controls:  
- [ ] Joystick
- [ ] Head
- [ ] Other: ________

Manual frame:  
- [ ] Folding
- [ ] Rigid

Positioning options:  
- [ ] Tilt
- [ ] Recline
- [ ] Seat elevation

Wheel diameter:  
- Drive: ___”
- Caster: ___”

Tire type: ________

Hand-rim type: ________

Wheel locks:  
- L  [ ]  R  [ ]  L  [ ]  R  [ ]
Extensions:  
- L  [ ]  R  [ ]  L  [ ]  R  [ ]

Seat:  
- [ ] Sling
- [ ] Pan
- [ ] Dropbase
- Width: ___”
- Depth: ___”
- Height: ___”
- Angle: ___°

Cushion:  
- [ ] Type: ________________

Pelvic belt:  
- [ ] Type: ________________

Back support:  
- Width _____”
- Length: _____”
- Type: ________________
- Trunk positioning: ________________

Headrest:  
- Width: _____”
- Length: _____”
- Type: ________________
- Hardware: ________________

Leg supports:  
- [ ] L  [ ] R
- Seat to lower leg angle: ___°
- Elevating
- Adjustable angle footplates
- Stump support

Arm supports:  
- [ ] Full length
- Desk length
- Adjustable height

Rear anti-tip devices: [ ]

Accessories:  
- Full lap tray: [ ]
- Half lap tray: [ ] L  [ ] R
- Arm trough: [ ] L  [ ] R
- Other: ________________

Other: ________________

Comments/other features:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note:  
Use an * to highlight any feature in need of maintenance or repair