



Specialised
Orthotic
Services

“BB PLUS” SEATING SYSTEM SELF ASSESSMENT FORM



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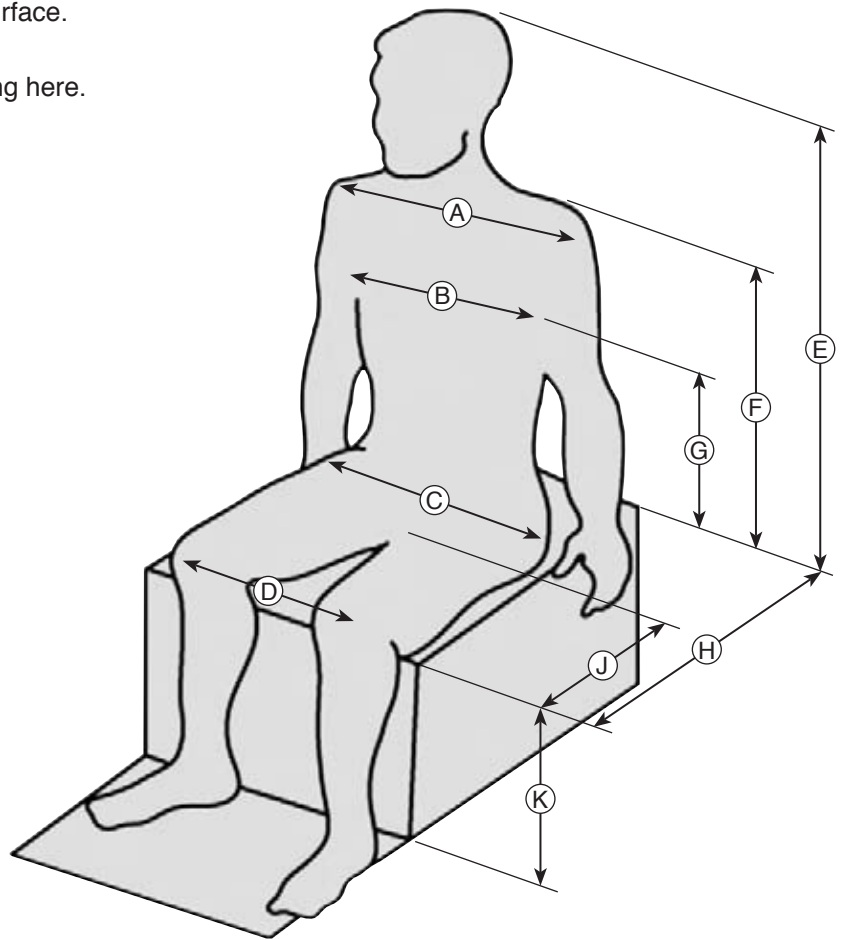
Web: www.specialisedorthoticservices.co.uk

ANATOMICAL DATA

If possible measure the client on a box or other flat surface.
 Measure in inches or millimetres but keep to one type throughout this sheet, please state which you are using here.
 Please box.

Inches Millimetres

Ref.	Aspect	Measurement
A	Shoulder Width	.....
B	Chest Width	.....
C	Pelvic Width	.....
D	Knee Width	.....
E	Head Height	.....
F	Shoulder Height	.....
G	Axilla Height	.....
H	Buttock/Thigh Depth	.....
J	Ramp Length	.....
K	Lower Leg Length	.....

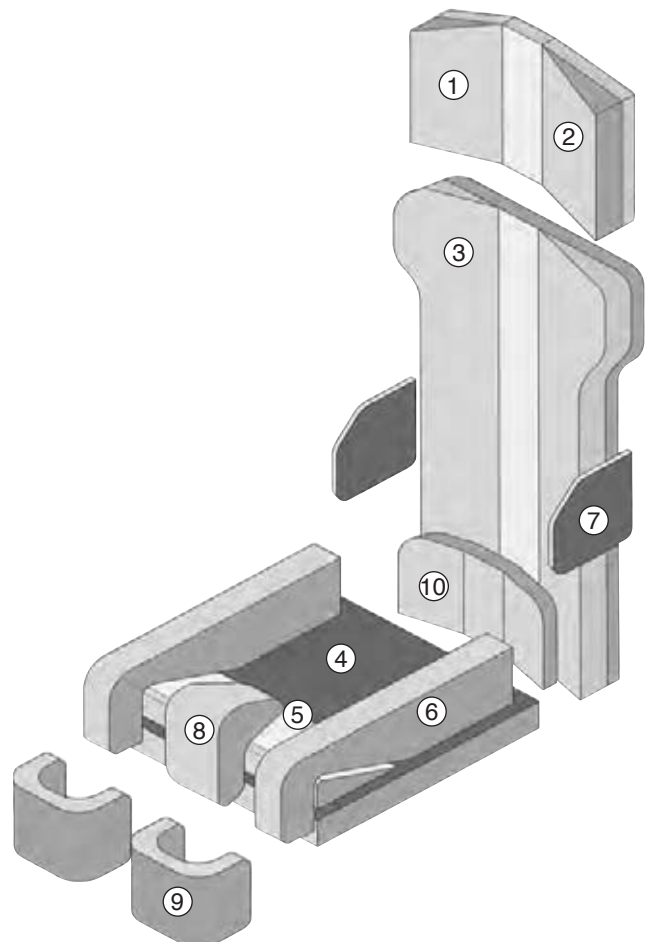


COMPONENT LIST

Please the boxes by the components you require.

Ref.	Description	
1	Adjustable Headrest (opt. extra)	<input type="checkbox"/>
2	Fixed Headrest	<input type="checkbox"/>
3	Back & Pad	<input type="checkbox"/>
4	Seat & Pad	<input type="checkbox"/>
5	Ramp	<input type="checkbox"/>
6	Hip Pads	<input type="checkbox"/>
7	Lateral Pads	<input type="checkbox"/>
8	Pommel* (opt. extra)	<input type="checkbox"/>
9	Knee Blocks* (opt. extra)	<input type="checkbox"/>
10	Sacral/Lumbar Pad	<input type="checkbox"/>

*Please Note that Pommels & Knee Blocks cannot be fitted together.

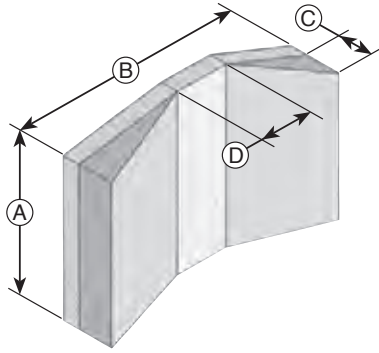


Upholstery

See the upholstery selector chart and enter the reference code in the box.

Headrest

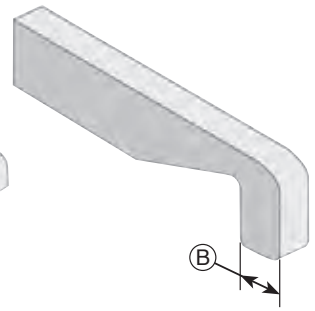
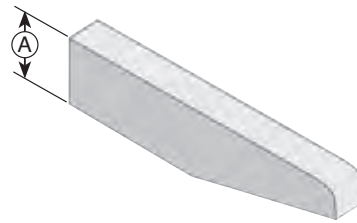
A.....
 B.....
 C.....
 D.....



Hip Pads

Standard

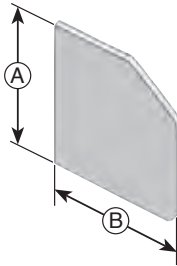
Extended



A.....
 B.....

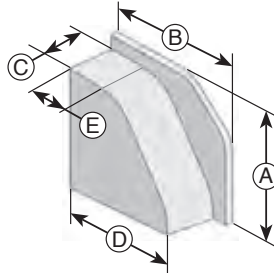
Lateral Pads

A.....
 B.....



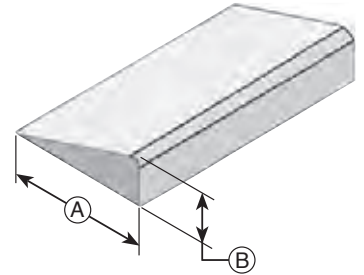
Lateral/Arm Retraction Pads

A.....
 B.....
 C.....
 D.....
 E.....

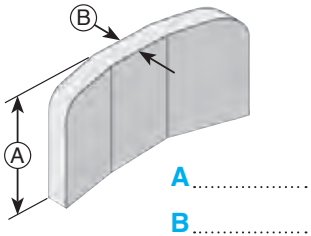


Ramp

A.....
 B.....

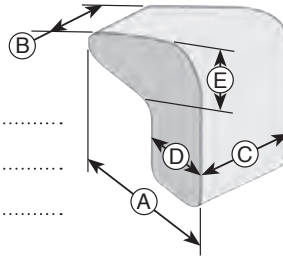


Sacral/Lumber Pad



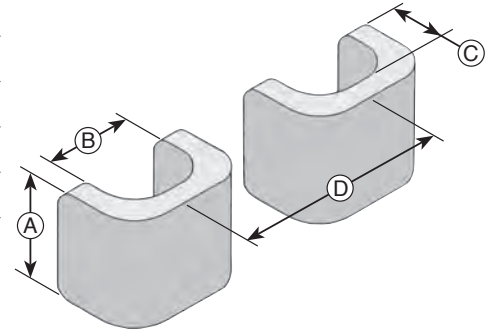
*Pommel (optional)

A.....
 B.....
 C.....
 D.....
 E.....



*Knee Blocks (optional)

A.....
 B.....
 C.....
 D.....
 E.....



POZIFORM® Straps & Harnesses

Please indicate the type you require in the box.

Standard

Eazi CareVinyl

Other:

All straps and buckles are black. Pelvic strap is standard on the seat base. Chest strap is standard on the back rest, if **NO** harness is specified.

POZIFORM® Pelvic Straps

Please write the size of the Pelvic Strap you require in the box.

Pelvic Harness (40mm webbing)



40mm Pelvic & 2 Part Pelvic



25mm 2 Part Pelvic

2 Part Pelvic Harness



2 Part Dual Pull Pelvic Harness



2 Part Dual Pull Pelvic

Harnesses

Please write the size of the Harness or you require in the box.

Cross Harness



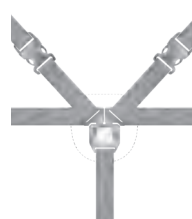
Ladies Cross Harness



Contoured Shoulder Harness



5 Point Harness



Single Piece Bib*



*Please Note: Bib Harnesses supplied in Eazi Care Vinyl only.

Sandals

Please ✓ appropriate boxes if required. We strongly advise use of sandals if knee blocks are to be used.

- Small Medium Large X.Large

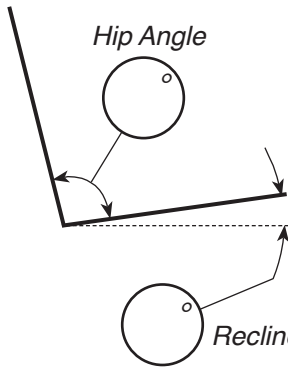
Please Note that Black is standard

Foot Raiser Brackets

Please ✓ appropriate box if required.

- Raiser Brackets Required

Seating Recline Details



Please ✓ appropriate box.

- Fixed Recline
 Adjustable Recline

Client

Client Name

Please ✓ appropriate boxes.

- Child Adult Male Female

Diagnosis or Condition

Age Weight.....(lbs/Kgs)

Other Relevant Details

Assessor

Name

Title

Date of Assessment

Contact Address

Tel. No Ext

Fax. No

Trays

Please ✓ appropriate boxes if required.

- Small Medium Large RH c/o LH c/o
 Yellow Red Blue Green
 White Grey Black Clear

Patterned (please specify):

- Fixing Bracketry: Std Up & Over Modular

Wheelchair/ Buggy/ Mobility Aid Model

State details here, ALWAYS check the actual size if possible.

Model

Seat Width

Seat Depth

Back rest Angle

Other Comments

Order

So we can process your order effectively please complete ALL sections.

(An accurate quotation will be forwarded when we receive this form completed correctly).

Order No

Order Date

Order From

Tel. No Ext

Fax. No

Delivery Date Requested

DELIVERY ADDRESS

Town

County

Post Code

(Four weeks delivery FROM RECEIPT OF ORDER is the usual delivery promise. However we reserve the right to vary this).

Send this completed form to the address on the front.