



Specialised  
Orthotic  
Services

# “BB” SEATING SYSTEM SELF ASSESSMENT FORM



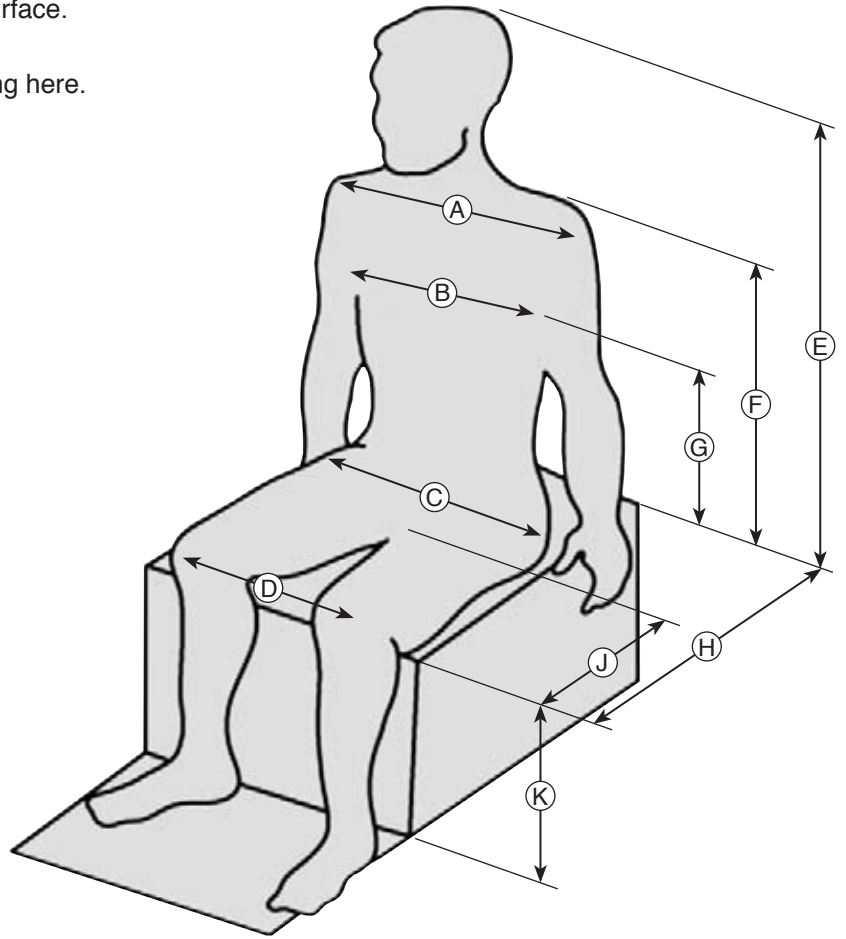
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Web: [www.specialisedorthoticservices.co.uk](http://www.specialisedorthoticservices.co.uk)**

## 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/Lumber Pad	<input type="checkbox"/>

BB systems are manufactured in one piece as standard; the back rest and seat cushion can be made in two pieces if space is a premium in transit.

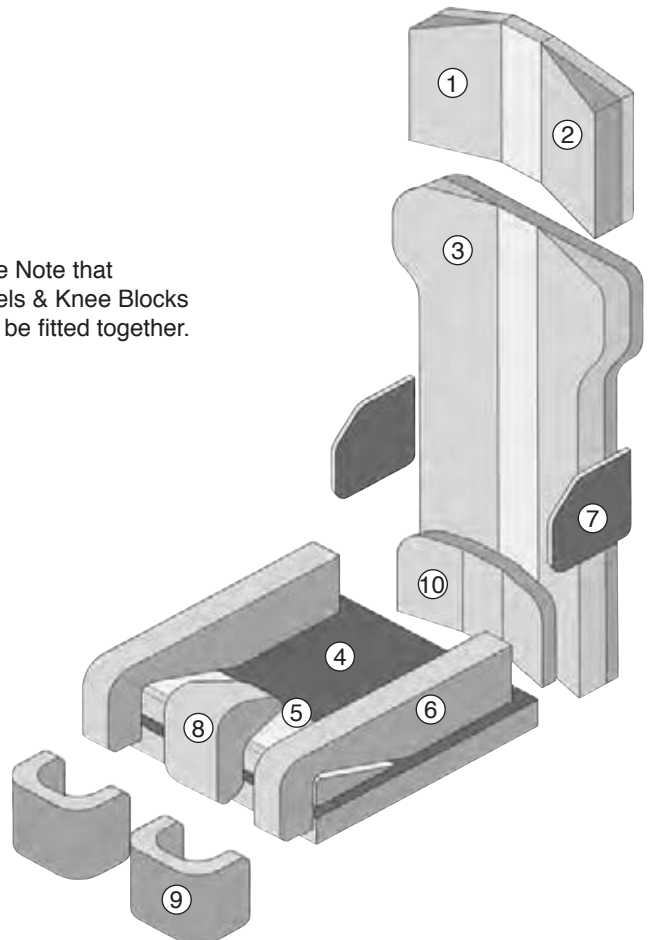
Please indicate your preference in the box below.

One Piece     Two Piece

## Upholstery

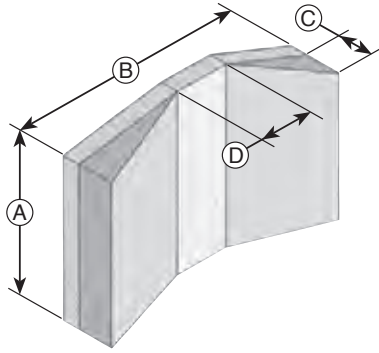
See the upholstery selector chart and enter the reference code in the box.

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



## Headrest

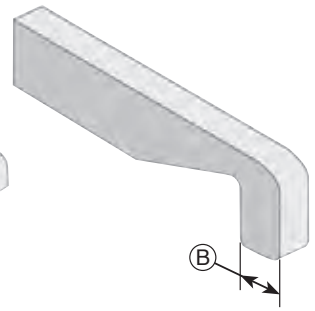
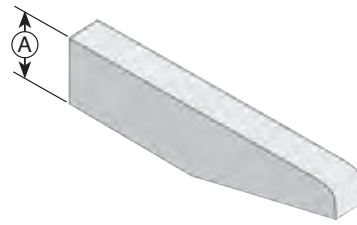
A.....  
 B.....  
 C.....  
 D.....



## Hip Pads

Standard

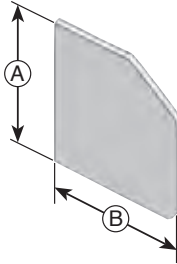
Extended



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

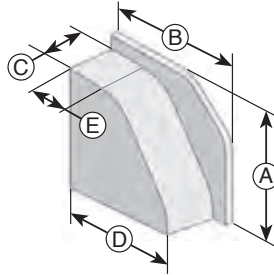
## Lateral Pads

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



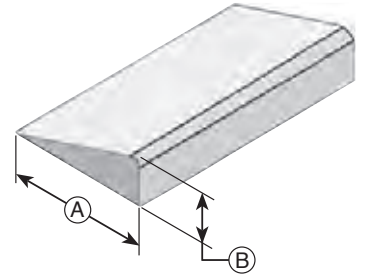
## Lateral/Arm Retraction Pads

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

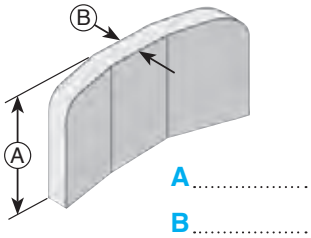


## Ramp

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

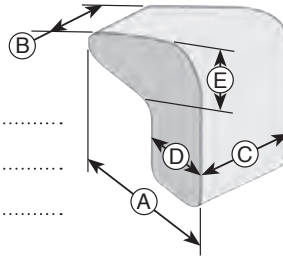


## Sacral/Lumber Pad



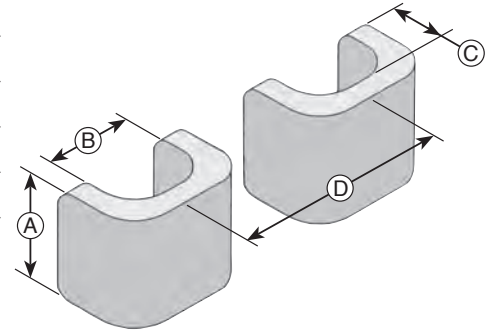
## \*Pommel (optional)

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)

2 Part Pelvic Harness

2 Part Dual Pull Pelvic Harness



40mm Pelvic & 2 Part Pelvic



25mm 2 Part Pelvic



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

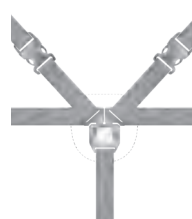
Single Piece Bib\*

\*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

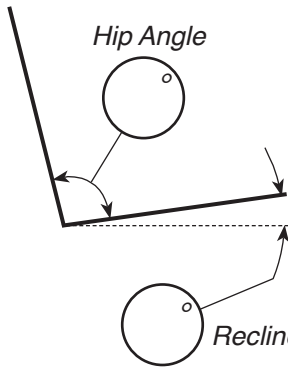
Please Note that Black is standard

### 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.