“BB” SEATING SYSTEM
SELF ASSESSMENT FORM
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

### ANATOMICAL DATA

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Aspect</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Shoulder Width</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Chest Width</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Pelvic Width</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Knee Width</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Head Height</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Shoulder Height</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Axilla Height</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Buttock/Thigh Depth</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Ramp Length</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Lower Leg Length</td>
<td></td>
</tr>
</tbody>
</table>

### COMPONENT LIST

Please ☑ the boxes by the components you require.

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjustable Headrest (opt. extra)</td>
</tr>
<tr>
<td>2</td>
<td>Fixed Headrest</td>
</tr>
<tr>
<td>3</td>
<td>Back &amp; Pad</td>
</tr>
<tr>
<td>4</td>
<td>Seat &amp; Pad</td>
</tr>
<tr>
<td>5</td>
<td>Ramp</td>
</tr>
<tr>
<td>6</td>
<td>Hip Pads</td>
</tr>
<tr>
<td>7</td>
<td>Lateral Pads</td>
</tr>
<tr>
<td>8</td>
<td>Pommel* (opt. extra)</td>
</tr>
<tr>
<td>9</td>
<td>Knee Blocks* (opt. extra)</td>
</tr>
<tr>
<td>10</td>
<td>Sacral/Lumber Pad</td>
</tr>
</tbody>
</table>

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

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.
POZIFORM® Straps & Harnesses

Please indicate the type you require in the box.  
Standard □ Eazi CareVinyl □ Other: □

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

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

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

Fixing Bracketry: ☐ Std    ☐ Up & Over    ☐ Modular

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

Delivered Date Requested

DElIVERY ADDRESS

Town

County

Post Code

(send this completed form to the address on the front.

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

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