

First name:				Family name:				Weight:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>
Telephone:				Address:					
Other contact:	Name:					Telephone:			

[illegible]

Ability to walk	Number of patients	Percentage of patients
Not able to walk	1	1.0
Partial ability to walk	1	1.0
Full ability to walk	18	18.0
Total	20	20.0

Type of wheelchair use	Number of participants	Percentage of total sample
Full-time use	10	10.0%
Part-time use	20	20.0%
Never used	10	10.0%
Used once	10	10.0%
Used twice	10	10.0%
Used three times	10	10.0%
Used four times	10	10.0%
Used five times	10	10.0%
Used six times	10	10.0%
Used seven times	10	10.0%
Used eight times	10	10.0%
Used nine times	10	10.0%
Used ten times	10	10.0%
Used eleven times	10	10.0%
Used twelve times	10	10.0%
Used thirteen times	10	10.0%
Used fourteen times	10	10.0%
Used fifteen times	10	10.0%
Used sixteen times	10	10.0%
Used seventeen times	10	10.0%
Used eighteen times	10	10.0%
Used nineteen times	10	10.0%
Used twenty times	10	10.0%
Used twenty-one times	10	10.0%
Used twenty-two times	10	10.0%
Used twenty-three times	10	10.0%
Used twenty-four times	10	10.0%
Used twenty-five times	10	10.0%
Used twenty-six times	10	10.0%
Used twenty-seven times	10	10.0%
Used twenty-eight times	10	10.0%
Used twenty-nine times	10	10.0%
Used thirty times	10	10.0%
Used thirty-one times	10	10.0%
Used thirty-two times	10	10.0%
Used thirty-three times	10	10.0%
Used thirty-four times	10	10.0%
Used thirty-five times	10	10.0%
Used thirty-six times	10	10.0%
Used thirty-seven times	10	10.0%
Used thirty-eight times	10	10.0%
Used thirty-nine times	10	10.0%
Used forty times	10	10.0%
Used forty-one times	10	10.0%
Used forty-two times	10	10.0%
Used forty-three times	10	10.0%
Used forty-four times	10	10.0%
Used forty-five times	10	10.0%
Used forty-six times	10	10.0%
Used forty-seven times	10	10.0%
Used forty-eight times	10	10.0%
Used forty-nine times	10	10.0%
Used fifty times	10	10.0%
Used fifty-one times	10	10.0%
Used fifty-two times	10	10.0%
Used fifty-three times	10	10.0%
Used fifty-four times	10	10.0%
Used fifty-five times	10	10.0%
Used fifty-six times	10	10.0%
Used fifty-seven times	10	10.0%
Used fifty-eight times	10	10.0%
Used fifty-nine times	10	10.0%
Used sixty times	10	10.0%
Used sixty-one times	10	10.0%
Used sixty-two times	10	10.0%
Used sixty-three times	10	10.0%
Used sixty-four times	10	10.0%
Used sixty-five times	10	10.0%
Used sixty-six times	10	10.0%
Used sixty-seven times	10	10.0%
Used sixty-eight times	10	10.0%
Used sixty-nine times	10	10.0%
Used seventy times	10	10.0%
Used seventy-one times	10	10.0%
Used seventy-two times	10	10.0%
Used seventy-three times	10	10.0%
Used seventy-four times	10	10.0%
Used seventy-five times	10	10.0%
Used seventy-six times	10	10.0%
Used seventy-seven times	10	10.0%
Used seventy-eight times	10	10.0%
Used seventy-nine times	10	10.0%
Used eighty times	10	10.0%
Used eighty-one times	10	10.0%
Used eighty-two times	10	10.0%
Used eighty-three times	10	10.0%
Used eighty-four times	10	10.0%
Used eighty-five times	10	10.0%
Used eighty-six times	10	10.0%
Used eighty-seven times	10	10.0%
Used eighty-eight times	10	10.0%
Used eighty-nine times	10	10.0%
Used ninety times	10	10.0%
Used ninety-one times	10	10.0%
Used ninety-two times	10	10.0%
Used ninety-three times	10	10.0%
Used ninety-four times	10	10.0%
Used ninety-five times	10	10.0%
Used ninety-six times	10	10.0%
Used ninety-seven times	10	10.0%
Used ninety-eight times	10	10.0%
Used ninety-nine times	10	10.0%
Used one hundred times	10	10.0%

Environment

For people who already have a wheelchair

3. Simple health and sitting ability check

TAP Wheelchairs in emergencies ASSESSMENT FORM RevA Aug22.docx

Leg support		Yes		No	
Do you need leg support to:	Reduce swelling in your leg/s (after injury)?	<input type="checkbox"/>	If yes to either → Leg raiser	<input type="checkbox"/>	→ Continue
	Limit knee bend (after injury)?	<input type="checkbox"/>		<input type="checkbox"/>	
	Keep back of knee straight after below knee amputation?	<input type="checkbox"/>	→ Stump board	<input type="checkbox"/>	
Select wheelchair					
Show and explain available wheelchairs. Check seat width to confirm size.					
Ability to sit upright					
Do you feel safe sitting without extra support?		Yes <input type="checkbox"/> → Provide wheelchair		No <input type="checkbox"/> → Do not provide wheelchair. 👉 Priority follow up for supportive seating.	

4. Plan

Provide wheelchair:	Temporary <input type="checkbox"/> Long term <input type="checkbox"/> Not safe <input type="checkbox"/>	Seat width:	Seat depth:	Rear wheel position: Safe <input type="checkbox"/> Active <input type="checkbox"/>	Backrest height: High <input type="checkbox"/> Low <input type="checkbox"/>	Weight limit:
Select wheelchair options:		Comfort cushion <input type="checkbox"/> Pressure relief cushion: One <input type="checkbox"/> Two <input type="checkbox"/> Leg raiser: Left <input type="checkbox"/> Right <input type="checkbox"/> Stump board: Left <input type="checkbox"/> Right <input type="checkbox"/>				
Teach: <i>Refer to emergency wheelchair user leaflet.</i>		Wheelchair handling <input type="checkbox"/> Skin care <input type="checkbox"/> Propelling <input type="checkbox"/> Transferring <input type="checkbox"/> Wheelchair care and maintenance <input type="checkbox"/>				
Environment: <i>If person has difficulty with wheelchair access or transfers.</i>		Adjust bed/chair height <input type="checkbox"/> Portable ramp <input type="checkbox"/> Transfer board <input type="checkbox"/> Toilet / shower chair <input type="checkbox"/> Grab bar <input type="checkbox"/> Other: ✎ _____				
Refer for:		Wound care <input type="checkbox"/> Continence assessment <input type="checkbox"/> Rehabilitation service <input type="checkbox"/> Other assistive products <input type="checkbox"/> ✎ _____				
Follow up:		Priority follow up <input type="checkbox"/> Refer to: ✎ _____ Planned change of address: ✎ _____				Follow up date: ✎ _____