

Configura Advance Assessment Form

Prescriber's Name: _____ Client's Name: _____

Number: _____ Address: _____

Email: _____ Number: _____

Funding Body: _____



Size Areas highlighted in grey are standard specification

MODEL	PART NUMBER	SEAT DEPTH	SEAT HEIGHT	SEAT WIDTH	SWL
MANUAL	<input type="checkbox"/> CR5435	<input type="checkbox"/> 422 mm (16.5") Pos. 1	<input type="checkbox"/> 325 mm (13")	<input type="checkbox"/> 350 mm (14") *Dropdown armrest required* (#1)	160kg
		<input type="checkbox"/> 438 mm (17.5") Pos. 2	<input type="checkbox"/> 350 mm (14")	<input type="checkbox"/> 400 mm (16")	
		<input type="checkbox"/> 454 mm (18") Pos. 3	<input type="checkbox"/> 375 mm (15")	<input type="checkbox"/> 450 mm (18")	
		<input type="checkbox"/> 470 mm (18.5") Pos. 4	<input type="checkbox"/> 400 mm (16")	<input type="checkbox"/> 500 mm (20")	
		<input type="checkbox"/> 486 mm (19") Pos. 5	<input type="checkbox"/> 425 mm (17")	<input type="checkbox"/> 550 mm (22") This will not go through a 792mm door.	
ELECTRIC	<input type="checkbox"/> CR5438	<input type="checkbox"/> 502 mm (20") Pos. 6	<input type="checkbox"/> 450 mm (18")	<input type="checkbox"/> 550 mm (22") with narrow arms. Required if the chair has to go through a 792mm door. (#2)	
		<input type="checkbox"/> 518 mm (20.5") Pos. 7	<input type="checkbox"/> 475 mm (19")		
		<input type="checkbox"/> 534 mm (21") Pos. 8	<input type="checkbox"/> 500 mm (20")		
		<input type="checkbox"/> 550 mm (21.5") Pos. 9	<input type="checkbox"/> 525 mm (21")		

<input type="checkbox"/> 350-55mm (14"-20") Dropdown Armrest (#1) <input type="checkbox"/> CA2700-KIT 	<input type="checkbox"/> 350-55mm (18"-22") Dropdown Armrest (#2) <input type="checkbox"/> CA2701-KIT 	<input type="checkbox"/> 350-55mm (16"-22") Dropdown Armrest <input type="checkbox"/> CA2702-KIT 
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Pressure

Visco Cushion (standard)







Integrated Self Supply



Advance Cushionair Kit CA2710




Posture

<input type="checkbox"/> Waterfall Pillow Backrest (standard) 	<input type="checkbox"/> Postural Backrest CA2709 	<p>TOP PILLOW SETTINGS</p>  <p>LEFT WING SETTING: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>PILLOW ANGLE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>RIGHT WING SETTING: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>PILLOW DEPTH: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>MIDDLE PILLOW SETTINGS</p>  <p>LEFT WING SETTING: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>RIGHT WING SETTING: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>PILLOW DEPTH: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>BACKREST HEIGHT: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p>
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Accessories - Pillow Backrest

<p>Lateral Supports</p> <p><input type="checkbox"/> CA2413</p> 	<p>Cocoon Backrest</p> <p><input type="checkbox"/> CA2711</p> 	<p>Adjustable Lateral Support Backrest</p> <p><input type="checkbox"/> Small: CA2410 <input type="checkbox"/> Medium: CA2411 <input type="checkbox"/> Large: CA2412</p> 	<p>Depth Adjustment Kit</p> <p><input type="checkbox"/> CA2416</p> 
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Accessories - Other

<p>Four-Point Pelvic Positioning Belt</p> <p><input type="checkbox"/> CA2708</p> 	<p>Profile Headrest</p> <p><input type="checkbox"/> CA2706</p> 	<p>External Lateral Supports</p> <p><input type="checkbox"/> CA2705</p> 	<p>Tray</p> <p><input type="checkbox"/> CA2707</p> 
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Other Adjustment

<p><input type="checkbox"/> Footplate Angle</p> <p><input type="checkbox"/> Position 1 <input type="checkbox"/> Position 2 <input type="checkbox"/> Position 3</p> 	<p><input type="checkbox"/> Back Recline Lockout (max 120 Degrees)</p> <p><input type="checkbox"/></p> 	<p><input type="checkbox"/> Forward Tilt (10 degrees)</p> 	<p>SEAT HEIGHT</p> <p><input type="checkbox"/> 609mm (24") Standard <input type="checkbox"/> 544mm (21") Lower frame mounting <input type="checkbox"/> *Lower frame mounting on Manual model only*</p>
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Chair Assessment and Delivery Environmental Questionnaire

When carrying out an assessment please fill out the below form prior to ordering the chair.

Please give as much detail as possible.

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ACCESS

Is there parking/access for a large van? _____

Are there steps to the property? _____

Is it easy access to the property? _____

INTERNAL

Are the doors and corridors wide enough for a chair to go through? Min. width at narrowest settling is 600mm.

Does the chair have to go upstairs? If yes, please specify number of steps and if a stair lift is fitted.

OTHER

Does the driver need to be aware of any other points? _____