

Child Power Mobility

To refer your child for Power Mobility, first complete the I CAN Centre Request for Services Form and this secondary form. This information is needed to assess your child's need for power mobility. It is suggested that this form be completed by the parents/caregiver and the child's physical therapist. The information will be used to help the I CAN Centre to prepare for the assessment.

Additional information about the assessment process is available in the **Power Mobility Information Sheet**. Please read this prior to your first appointment.

Name: _____ Glenrose ID _____

Occupational/Physical Therapist Name _____ Contact Information: _____

Medical Diagnosis: _____

1. Why do you want a power wheelchair for your child? _____

2. How does your child show that he/she wants to explore the environment? _____

COMMUNICATION:

3. How does your child communicate?

Verbal

Gestures

Communication device

4. How does your child indicate "yes" _____

5. How does your child indicate "no" _____

6. Does your child respond consistently? Yes / No

7. Can your child follow verbal directions? (For example: if there is a book and a coat in front of your child and you ask him/her to look at or touch the coat, will your child do this correctly?)

8. How long can your child focus on an activity?

Less than 15 minutes

15 minutes or more

TRAINING

9. Is there someone who is available for a minimum of 30 minutes daily to teach your child the pre-skills and skills required to drive? Yes / No

10. Name of person:

11. Where will your child practice?

12. Are there any conditions that **may** make safe driving a challenge for your child (such as poor vision, uncontrolled movements, learning style, behaviors, difficulty moving, uncontrolled seizures) ? Please describe:

13. Can your child move around independently now? Yes No

Please describe:

14. Describe any method of mobility used by your child.

At home

At school or daycare:

a) in classroom

b) hallways

c) Outdoors

15. How far can your child push his/her manual wheelchair?

16. Can your child keep up with peers?

17. At school/university, where will your child will use a power wheelchair?

in the classrooms

in the hallways

outside

Is the school wheelchair accessible? Yes / No

18. At home, where will your child use a power wheelchair?

Inside

Outside

Describe the terrain:

19. Is your home wheelchair accessible? Yes No

20. In the community, where will your child use a power wheelchair?

21 Will your child always be accompanied by a caregiver when driving? Yes No

22. How often do you think your child would use a power wheelchair?

_____ hours/day

_____ days/week

23. When would your child use a manual wheelchair instead of a power wheelchair?

DEVICE HISTORY

24. Has your child used a joystick or switches with any other device (such as a computer or communication device) ? Describe

25. Has your child ever been assessed previous or tried a power wheelchair? Yes / No
If yes, when? _____

What method did the child use to drive?

- Joystick?
- Adaptations to joystick?
- Other?

What was the result?

26. What movement can the child control the best? Describe:

27. How do you think your child could best operate the chair? (such, by hand, head, foot.)?

28. If necessary for success, are you willing to have your child try driving with parts of the body other than the hand?

29. How will you transport a power wheelchair?

- Private van/truck With lift With ramp
 Will get van adapted if necessary Height of van doorways _____
- School Bus With lift
- Public transportation (handibus, low level bus)
- Other _____

30. What funding do you have available?

- Alberta Aids to Daily Living - Cost Share Yes No
- Health Canada (Band Name and No). _____
- Motor Vehicle Accident Claim No _____

If AADL or Health Canada does not fund the power wheelchair, or if the child needs components that are not covered by the above agencies, do you have alternate sources of funding?

- Private medical insurance Other
- Charitable organization

SEATING INFORMATION

31. Does your child have a manual wheelchair? Yes / No / On order

If yes, complete the following: (If you are getting a new manual wheelchair or getting the present one grown, complete based on the larger one.)

Brand name _____ Seat width _____ Seat depth _____

Special features:

- recline tilt-in-space other

PLEASE ANSWER IF CHILD HAS AN EXISTING POWER WHEELCHAIR

32. Does your child have a power wheelchair? Yes /No / On order

If yes, complete the following:

Brand name: _____ Serial No: _____ Seat width: _____

Seat depth: _____ Age of present chair: _____

Name of purchaser

- AADL Insurance
- Charitable organization. Name _____

33. For AADL chairs only:

Has AADL written off this power chair? Yes / No

Name of vendor who inspected chair:

Method of driving (type of joystick/ switches and location)

Reason for this request for a review / new wheelchair?

34. Seating system for existing Power Wheelchair:

Can the seating system be easily and quickly removed from the wheelchair and transferred to an assessment wheelchair? Yes / No

Is the back connected to the seat base by a bracket when it is removed? Yes / No

What seat do you presently have? Please describe.

a. Base/Cushion

b. Back

c. Laterals Yes / No / Swingaway

d. Headrest-

e. Footrest

f. Straps

g. Other

h. Tray:

Clear

Wooden

No tray

What do you use your tray for?

35. Does your child have a speech device or computer mounted on the tray? Yes / No

36. Will you be getting a new seating system in the near future? Yes / No

37. Do you have a seating appointment scheduled? If so, provide date: _____

38. What is the reason for the seating appointment?

39. How is your child transferred in/out of the chair?

Standing

1 person lift

2-person lift

mechanical lift

SPECIAL REQUIREMENTS FOR A POWER WHEELCHAIR

40. Do you require a tilt on your power wheelchair? Yes / No

If yes, why?

41. Do you require a recline on your power wheelchair? Yes / No

If yes, why?

42. Are you ventilator dependent? Yes / No

If yes, length of time you can be off ventilator

Describe what respiratory equipment is needed on the wheelchair

43. Is there any other equipment that needs to be carried on the power wheelchair (such as a communication device)?

Person(s) completing this referral form:

Parent's Signature

Occupational/Physical Therapist Signature

Date Completed:

Please return to:

[CAN Centre for Assistive Technology]
Glenrose Rehabilitation Hospital
10230-111 Avenue, Edmonton, Alberta, T5G 0B7
780-735-6070; Fax: 780-735-6072
www.albertahealthservices.ca/icancentre.asp