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www.adaptivestar.com
Passenger Evaluation Form

Passengers Name: _____
Passengers Age: _____ Passengers Weight: _____

Contact Name: _____
Contact Phone: _____ Email: _____

Therapist Name: _____
Contact Phone: _____ Email: _____

Passenger Information

Diagnosis: _____

- | | | | | | | | | |
|---|------|-----|----|----|------|-----|----|----|
| 1. Back Brace | Yes | or | No | | | | | |
| 2. Spinal Rod | Yes | or | No | | | | | |
| 3. Head Halo | Yes | or | No | | | | | |
| 4. Tracheostomy Tube | Yes | or | No | | | | | |
| 5. Colostomy bag | Yes | or | No | | | | | |
| 6. Any other body equipment if so please list | | | | | | | | |
| 7. Torso Control | Yes | or | No | | | | | |
| 8. Limb Control | Legs | Yes | or | No | Arms | Yes | or | No |
| 9. Wind Swept Legs | Yes | or | No | | | | | |
| 10. Seizures | Yes | or | No | | | | | |
| 11. Can the passenger communicate discomfort or pain? | | | | | Yes | or | No | |
| 12. Anticipated growth over the next 24 months? | | | | | | | | |
| 13. Picture of the passenger in daily chair | | | | | | | | |

Equipment Information

14. Harness used in daily chair attach pictures _____
 15. Seating system in daily chair if any, attach picture or explain such as tilt n space _____
 16. Headrest on daily chair if any, attach picture _____
 17. Side lateral supports on daily chair if any attach picture _____
 18. Equipment on board at any time? If so what and exact dimensions/weight and length of tube from equipment to passenger. _____
 19. Transfer ability – Can the passenger bare weight during transfers? _____
 20. Transfer Height – If transfer height is a concern please note floor to seat bottom on daily chair _____
 21. How will the chair be used such as terrain, frequency, off road, marathons, more than 1 passenger using the chair _____
 22. Any preconceived ideas of how you want your custom chair to look, pictures of something you have seen, angles you have in mind? _____
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