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| Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health Equipment Stock Script - Power Wheelchair | <p style="text-align: right;">(Affix identification label here)</p> <p>Family name:</p> <p>Given name(s):</p> <p>Date of birth: Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p> |
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Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Prescriber Details

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| Name | Phone | Email |
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Client Details

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| Primary Disability | Height cm | Weight kg |
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Power Wheelchair (PWC) Details:

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| <p>1 Drive Style <input type="checkbox"/> mid <input type="checkbox"/> front <input type="checkbox"/> rear</p> <p>2 Preferred Model (if known) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>3 Plaque number (if already identified by MASS staff) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>4 Seat to floor (stf) height (measure from floor to seat pan) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>5 <input type="checkbox"/> Foot plate to seat pan OR <input type="checkbox"/> Floor to popliteal <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>6 Controller <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> swing away <input type="checkbox"/> fixed</p> <p>11 Additional features (if available) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </p> | <p>7 Prescribed seat size <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%;"></div> <div style="border: 1px solid black; width: 45%;"></div> </div> </p> <p>8 Overall chair width (if critical for doorways etc) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>9 Tyre preference <input type="checkbox"/> solid <input type="checkbox"/> pneumatic</p> <p>10 Powered functions <input type="checkbox"/> tilt in space <input type="checkbox"/> recline <input type="checkbox"/> seat elevate </p> |
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Set up details

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| <p>12 Arm rests <input type="checkbox"/> single post <input type="checkbox"/> double post</p> <p>13 Arm rest pads <input type="checkbox"/> standard <input type="checkbox"/> gel pads <input type="checkbox"/> arm trough, provide details: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>14 Legrest <input type="checkbox"/> swing away <input type="checkbox"/> footboard <input type="checkbox"/> elevating legrests <input type="checkbox"/> manual <input type="checkbox"/> powered (if available) </p> | <p>15 Seat to elbow length <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>16 Armrest pads <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%;"></div> <div style="border: 1px solid black; width: 45%;"></div> </div> </p> <p>17 Footplate <input type="checkbox"/> standard <input type="checkbox"/> angle adjustable </p> |
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Seating Details including cushion, backrest, headrest, position supports, tray

18 Is a cushion required for trial?
☐ No ☐ Yes - select one from the stock list and provide plaque number: P

19 Backrest brand/model preference (if known)

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| <p>20 Seat to top of shoulder <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>21 Seat to top of head <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>24 Level of lateral support <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> deep <input type="checkbox"/> lateral pads – specify details: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> </p> | <p>22 Seat to inferior angle of Scapula <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> <p>23 Chest Width <div style="border: 1px solid black; height: 20px; width: 100%;"></div> mm </p> |
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DO NOT WRITE IN THIS BINDING MARGIN



**Equipment Stock Script -
Power Wheelchair**

Family name:

Given name(s):

Date of birth:

Gender: ☐ M ☐ F ☐ I

Seating Details continued...

25 Headrest brand/model preference (if known)

26 Headrest size

☐ 10" ☐ 14" ☐

Other

27 ☐ Pelvic Support If yes, specify below

☐ 2 point

☐ 4 point

☐ Other

28 ☐ Calf pad If yes, specify below

☐ narrow (3-4")

☐ wide (7-9")

☐ solid panels attached to each hanger

29 ☐ Tray If yes, specify below

☐ Swing away trombone mount

☐ Clamp on style

☐ Perspex

☐ Black plastic

Prescriber Survey – MASS process improvement initiative (development of generic script form for prescription of MASS Stock equipment)

30 Did you find this form helpful in describing the features required? ☐ Yes ☐ No

31 If no, what was missing or unclear with the form or process?

32 Overall, how have you found the MASS Trial/ order from stock process?

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

Comments

33 Is there anything you would like to make MASS aware of? ☐ Yes ☐ No

Comments

Submit completed form to a MASS Service Centre

Website: health.qld.gov.au/mass/

Telephone: 07 3136 3524

Email: MASS-Equipment@health.qld.gov.au

Brisbane: PO Box 281, Cannon Hill Qld 4170

Townsville: PO Box 1494, Townsville Qld 4810