

 Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health Equipment Stock Script - Tilt in Space Manual 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

Name	Phone	Email
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Client Details

Primary Disability	Height <div style="text-align: right;">cm</div>	Weight <div style="text-align: right;">kg</div>
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Tilt in Space Manual Wheelchair (TIS) Details:

1 Tilt Mechanism <input type="checkbox"/> foot operated pedal <input type="checkbox"/> hand operated lever			
2 Preferred Model (if known) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
3 Plaque number (if already identified by MASS staff) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5 Prescribed seat size <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Width</td> <td style="width: 50%;">Depth</td> </tr> </table>	Width	Depth
Width	Depth		
4 Seat to floor (stf) height (measure from floor to seat pan) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right;">mm</div>	6 Overall chair width (if critical for doorways etc) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right;">mm</div>		
7 Rear wheel size <input type="checkbox"/> 12" <input type="checkbox"/> 16" <input type="checkbox"/> 20" <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> to be determined by stf required.			
8 Tyre preference <input type="checkbox"/> solid <input type="checkbox"/> pneumatic			
9 <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%; text-align: right;">mm</div>			
10 Will the client be self-propelling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11 Castor size <input type="checkbox"/> 6x1" <input type="checkbox"/> 6x1.5" <input type="checkbox"/> 8x1" <input type="checkbox"/> 8x1.5" <input type="checkbox"/> 8x2" <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
12 Brake Preference <input type="checkbox"/> Push to lock <input type="checkbox"/> Attendant wheel lock (foot lock) <input type="checkbox"/> Drum brakes			
13 Push Handles <input type="checkbox"/> Standard <input type="checkbox"/> Stroller handles			
14 Additional features <input type="checkbox"/> Recline <input type="checkbox"/> transit tie downs <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Set up details

15 Arm Rests <input type="checkbox"/> single post <input type="checkbox"/> double post	17 Seat to elbow length <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right;">mm</div>		
16 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: 40px; width: 100%;"></div>	18 Armrest pads <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Length <div style="text-align: right;">cm</div></td> <td style="width: 50%;">Width <div style="text-align: right;">cm</div></td> </tr> </table>	Length <div style="text-align: right;">cm</div>	Width <div style="text-align: right;">cm</div>
Length <div style="text-align: right;">cm</div>	Width <div style="text-align: right;">cm</div>		
19 Legrest hanger angle <input type="checkbox"/> 60 degree <input type="checkbox"/> 70 degree <input type="checkbox"/> 80 degree <input type="checkbox"/> 90 degree <input type="checkbox"/> elevating legrests			
20 Footplate <input type="checkbox"/> standard <input type="checkbox"/> angle adjustable			
21 Any other critical features (contracture footrest systems, extension tubes etc) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			

DO NOT WRITE IN THIS BINDING MARGIN



Equipment Stock Script -
Tilt in Space Manual Wheelchair

Family name:

Given name(s):

Date of birth:

Gender: ☐ M ☐ F ☐ I

Seating Details including cushion, backrest, headrest, position supports, tray

22 Is a cushion required for trial?

☐ No ☐ Yes - select one from the stock list and provide plaque number: P

23 Backrest brand/model preference (if known)

24 Seat to top of shoulder

 mm

25 Seat to top of head

 mm

26 Seat to inferior angel of Scapula

 mm

27 Chest Width

 mm

28 Level of lateral support

☐ mild ☐ moderate ☐ deep ☐ lateral pads
If lateral pads are required, specify details

29 Headrest brand/model preference (if known)

30 Headrest size

☐ 10" ☐ 14" ☐ Other

31 Pelvic Support ☐ No ☐ Yes – Specify:

☐ 2 point ☐ 4 point" ☐ Other

32 Calf pad ☐ No ☐ Yes – Specify:

☐ Narrow (3-4") ☐ Wide (7-9")

☐ Solid panels attached to each hanger

33 Tray ☐ No ☐ Yes – Specify:

☐ Black plastic ☐ Clamp on style
☐ Swing away trombone mount ☐ Perspex

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

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

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

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

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

Comments

37 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