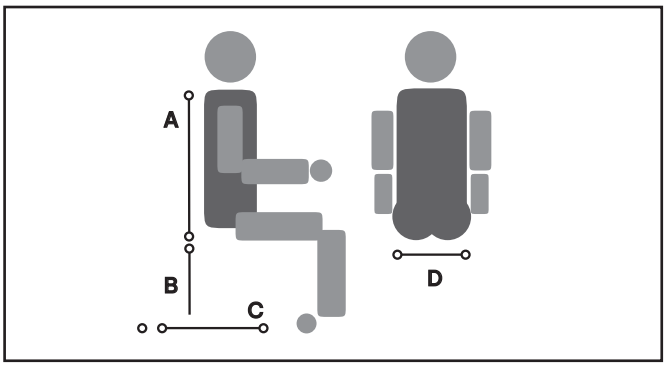
Pre-Assessment Questionnaire

Please fill in, save and email to info@chunc.co.uk

Date	
Seating Specialist	
Address	
Postcode	

Client Name	
Contact	
Therapist	
Telephone No	
Email	
Funding	☐ Private ☐ NHS ☐ Distributor



Motor Function	
Weight	
Height	
Sizing A	
B	
C	
D	

Main use of this chair	☐ Primary Chair ☐ Secondary Chair ☐ Home ☐ School ☐ Relaxing ☐ Activity

Current Product and Issues Currently Faced	Required Features: i.e. recline, headrest

Where will the assessment take place?	☐ School ☐ Home ☐ WCS
Is there appropriate parking for a van?	☐ Yes ☐ No
Please specify nearest location.	
Where did you hear about us?	☐ Social Media ☐ Search Engine ☐ Exhibition ☐ Publication ☐ Therapist ☐ School

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Which SEN school does your child/patient attend?	
Who is the main contact at your day care centre?	
Who is the main contact at your wheelchair service?	

Special Requests/Additional Comments

Contact your local seating specialist or
e: info@chunc.co.uk
t: 01432 377512

Submit

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