

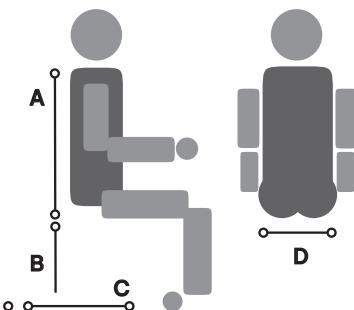


# Pre-Assessment Questionnaire

Please fill in, save and email to [info@chunc.co.uk](mailto:info@chunc.co.uk)

Date	
Seating Specialist	
Address	
Postcode	

Client Name			
Contact			
Therapist			
Telephone No			
Email			
Funding	<input type="checkbox"/> Private	<input type="checkbox"/> NHS	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify nearest location		

Where did you hear about us?  Social Media  Search Engine  Exhibition  Publication  Therapist  School

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](mailto:info@chunc.co.uk)  
t: 01432 377512

**Submit**