

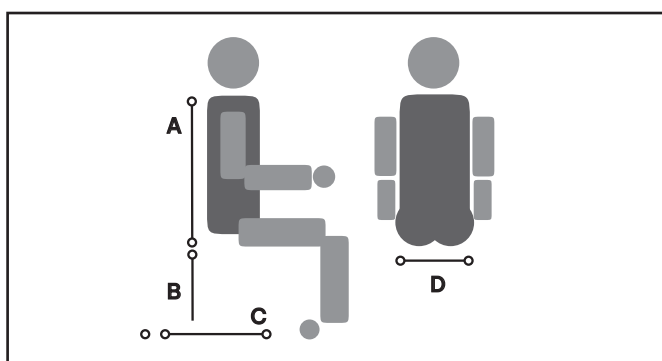


Pre-Assessment Questionnaire

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

Date	
Seating Specialist	
Address	
Postcode	

Client Name	
Contact	
Therapist	
Telephone No	
Email	
Funding	<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	<input type="checkbox"/> Primary Chair	<input type="checkbox"/> Secondary Chair	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Relaxing	<input type="checkbox"/> Activity
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Current Product and Issues Currently Faced

Required Features: i.e. recline, headrest

Where will the assessment take place?	<input type="checkbox"/> School	<input type="checkbox"/> Home	<input type="checkbox"/> WCS
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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?	<input type="checkbox"/> Social Media	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Publication	<input type="checkbox"/> Therapist	<input type="checkbox"/> 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

Pre-Assessment_Form_v1_10_2025