© The State of Queensland (Queensland Health) 2022

Queensland Government

Medical Aids Subsidy Scheme (MASS) Queensland Health

Equipment Stock Script - Power Wheelchair

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: ☐M ☐F ☐ I

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

Client Details

Primary Disability	Height cm	Weight kg

Power Wheelchair (PWC) Details:

1 **Drive Style** ☐ mid ☐ front ☐ rear

2 **Preferred Model** (if known)

3 **Plaque number** (if already identified by MASS staff)

4 **Seat to floor (stf) height** (measure from floor to seat pan) mm

5 ☐ **Foot plate to seat pan** OR ☐ **Floor to popliteal** mm

6 **Controller** ☐ left ☐ right ☐ swing away ☐ fixed

7 **Prescribed seat size**

Width	Depth

8 **Overall chair width** (if critical for doorways etc) mm

9 **Tyre preference** ☐ solid ☐ pneumatic

10 **Powered functions**

☐ tilt in space ☐ recline ☐ seat elevate

11 **Additional features** (if available)

Set up details

12 **Arm rests** ☐ single post ☐ double post

13 **Arm rest pads**

☐ standard ☐ gel pads ☐ arm trough, provide details:

14 **Legrest** ☐ swing away ☐ footboard

☐ elevating legrests ☐ manual ☐ powered (if available)

15 **Seat to elbow length** mm

16 **Armrest pads**

Length cm	Width cm

17 **Footplate** ☐ standard ☐ angle adjustable

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)

20 **Seat to top of shoulder** mm

21 **Seat to top of head** mm

22 **Seat to inferior angle of Scapula** mm

23 **Chest Width** mm

24 **Level of lateral support**

☐ mild ☐ moderate ☐ deep ☐ lateral pads – specify details:

DO NOT WRITE IN THIS BINDING MARGIN

V 2.00 07/2022

Queensland Government | Medical Aids Subsidy Scheme (MASS) Queensland Health

Equipment Stock Script -
Power Wheelchair

(Affix identification label here)

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

DO NOT WRITE IN THIS BINDING MARGIN

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