Power Standing Pre-trial Screening Request Form

Please consult with relevant professionals as needed for medical clearance.

Name : _____ **Height :** _____ **cm** **Weight :** _____ **kg**

Hip width : _____ **inches** **Thigh depth :** _____ **inches**

Key diagnosis / medical history :

_____

Therapist's name : _____

Title / role : _____ **Date of request :** _____

Phone number : _____ **Email :** _____

Days of work / client availability for trial : _____

Best trial location(s) (specify if >1 is needed):

_____

Preliminary standing information

Does client currently stand (with or without equipment)? ☐ Yes ☐ No

Current standing equipment, please describe:

_____

Current frequency of standing? ☐ Daily ☐ ≤ 1-2x weekly ☐ ≤ 1-2x monthly ☐ ≤ 1x month

Duration of standing per session: _____ **Last time the client stood?** _____

Transfer status: ☐ Independent ☐ Dependant ☐ Fluctuating

Transfer equipment: ☐ Hoist ☐ Standing lifter ☐ Transfer board ☐ Other: _____

Have you completed a MAT evaluation*? (*You can find a MAT Assessment Form on our website.*) ☐ Yes ☐ No ☐ N/A

Any range of motion limitations*? ☐ Yes ☐ No

If yes, specify location: ☐ Hip(s) ☐ Knee(s) ☐ Ankle(s)

Describe limitations: _____

Has bone density status been considered? ☐ Yes ☐ No

History of LE fractures, please describe: _____

Does client experience orthostatic/postural hypotension? ☐ Yes ☐ No

Any additional relevant medical history or safety concerns i.e. blood clots? ☐ Yes ☐ No

Does the client have a goal specific to standing? ☐ Yes ☐ No

Are key functional tasks planned for the trial*? ☐ Yes ☐ No

Are functional outcome measure(s) planned for the trial*? ☐ Yes ☐ No

May a hire wheelchair be needed following the trial*? ☐ Yes ☐ No

Is the participant aware of potential risks and is choosing proceed with a trial of the standing wheelchair (dignity of risk), including signing the Permobil wheelchair trial release form prior to transferring into the chair?

☐ Yes ☐ No

**If you would like to discuss these or any other clinical considerations prior to the trial, please contact the Clinical Services team at education.au@permobil.com.*