Health Sciences North
Horizon Santé-Nord

Seating and Mobility Clinic
Clinique de positionnement et mobilité
41, chemin du lac Ramsey Lake Road
Sudbury (Ontario) P3E 5J1
☎(705) 523-7100 ext. 3162
Fax: 705-523-7051

Seating and Mobility Clinic Questionnaire

Please fill out blank sections and check off ☐ where appropriate.
Please return this completed questionnaire by fax or to the address above.

1. IDENTIFICATION:

Name of client: ______________________ Date of Birth: ______________ (Y-M-D)

Address: ____

Email: ______________________ Health Card #: ______________

Home Telephone #: __________ Work #: __________Primary Language: ________

Family Physician: __________ Medical Diagnosis: __________ Date of Onset: ______

Contact Person (if different from applicant:_________Relationship _____ Tel#________

2. GENERAL INFORMATION:

Have you ever had a wheelchair assessment?

☐ Yes, where? ________________ When? ________________ ☐ No

Sitting Tolerance: _____ hours/day Ability to weight shift independently: ☐ no ☐ yes

Please check all equipment currently used or owned:

☐ Manual wheelchair	☐ Power wheelchair	☐ Wheelchair tray	☐ walker	☐ Cane
☐ Communication device	☐ Computer	☐ Scooter	Other: ______________	

If you have a wheelchair, please describe the following: ☐ Not applicable to me

Type and age of wheelchair ______________________________________

Type and age of seating system___________________________________

Preferred wheelchair vendor: ________________________ ☐ Not yet chosen

What is your goal(s) in relation to an assessment by the Seating and Mobility Clinic?

____

Do you receive financial support from:

☐ Ontario Disability Support (ODSP)	☐ Private Insurance	☐ WSIB
☐ Ontario Works (OW)	☐ ACSD	☐ Other, specify___________

Which supports do you access at home?

☐ CCAC	☐ family	☐ friends	☐ privately hired staff
☐ personal support worker(s)	☐ other, specify______________________________		

How many hours of a typical day are you at: Home ____ Work _____ School _____

Day Program ______ Other ______ Community based activities (shopping, visits) __________

3. MOTOR AND FUNCTIONAL SKILLS:

Please describe any difficulties with the use of your hands and arms ______________________

____

How do you perform the following tasks:

	Independently	Some assistance	Total assistance	Equipment used:
Transfers				
Toileting				
Feeding				

Do you have any difficulties with:

□ Memory	□ Problem solving	□ Learning new information
□ Initiation	□ Attention	□ Behaviour

Do you have any problems with fatigue? □ no □ yes, describe ______________________________.

Vision loss? □ no □ yes **I wear glasses:** □ always □ sometimes □ for reading □ never

Hearing loss? □ no □ yes **I wear my hearing aid(s)**: □ always □ sometimes □ never

4. THERAPEUTIC SERVICES HISTORY: Check current services or received in the past:

□ Speech Language Therapy	□ Occupational Therapy	□ Augmentative Communication
□ Wheelchair and Seating	□ Vision	□ Physiotherapy
□ Psychiatry/Psychology	□ Hearing	□ Behavior Management

5. MEDICAL INFORMATION:

Has your health recently changed or expected to change in the near future? Please describe.

____

Skin Breakdown: □ no □ yes, location, for how long? ____________________________________

Present weight: ______________________ **Is this** □ stable or □ changing

Please specify the most recent date if known for the following:

X-Rays:______________________________ **Hospital Admission:** __________________________

Previous Surgery: ____________________ **Planned Surgery:** ______________________________

Form completed by: ____

Relationship: __________________________**Date completed:** _______________________________

NOTE: Please bring all seating equipment (wheelchairs, trays, inserts) and ambulation aids (walkers, prostheses, etc.) currently used to your appointment. The client needs to be transferred from the wheelchair in order to complete the assessment. It is essential to have someone available to assist with the transfer and/or communication. You may bring your sling if a mechanical lift is used for transfers.

Thank you. If you have any questions or concerns, please contact us at 705-523-7100 ext. 3162.