Wheelchair88®

Assessment and Warranty Form

Date

Personal Information

Name		Gender	☐ Male ☐ Female
Email		Date of Birth	
Mobile No.		Tel No.	
Address			
Country		Post Code	
Product Use By	☐ Self Use ☐ Father ☐ Mother ☐ Son / Daughter ☐ Husband / Wife ☐ Cousin ☐ Friend ☐ Others : _____		

Health Informantion

Health Conditions			
Arm Strength	☐ Strong ☐ Weak ☐ None	Dominant Hand	☐ Left ☐ Right
Stand Independently	☐ Yes ☐ No	Able To Walk	☐ Yes ☐ No
Hamstring	☐ Normal ☐ Tight	Ankle	☐ Normal ☐ Distorted
Knee Flexibility	☐ Able ☐ Difficult		

Purpose :

Daily Chair	☐	Travel Only	☐
Secondary Chair	☐	Others	☐ _____

Others Information

How do you get to know us? (Multiple Selection)

Social Media	☐ _____	Newspaper / Magazine	☐ _____
Search Engine	☐ _____	Referred by someone	☐ _____
Hospital / Clinic	☐ _____	Dealer	☐ _____
Exhibition	☐ _____	Others	☐ _____

Body Measurement

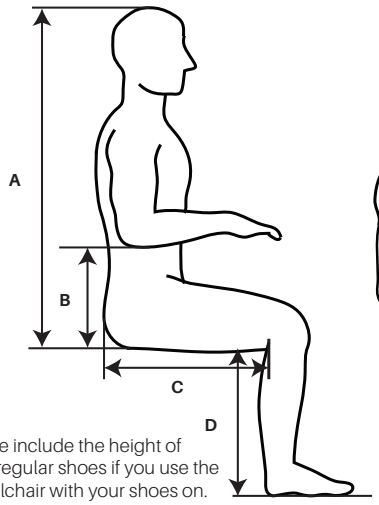
Weight	lb
Height	ft
A : Shoulder Height	In
B : Armrest Height	in
C : Thigh Length	in
D : Calve Length	in
E : Belly Width	in
F : Hip Width	in

Foot plate angle :

☐ High 

☐ Medium 

☐ Low 



Please include the height of your regular shoes if you use the wheelchair with your shoes on.