



PO Box 369  
Selah WA 98942  
Toll Free 800-278-9626  
Fax 509-453-8326

[www.adaptivestar.com](http://www.adaptivestar.com)  
**Passenger Evaluation Form**

Passengers Name: \_\_\_\_\_  
Passengers Age: \_\_\_\_\_ Passengers Weight: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Therapist Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Passenger Information**

Diagnosis: \_\_\_\_\_

1. Back Brace Yes or No
2. Spinal Rod Yes or No
3. Head Halo Yes or No
4. Tracheostomy Tube Yes or No
5. Colostomy bag Yes or No
6. Any other body equipment if so please list \_\_\_\_\_
7. Torso Control Yes or No
8. Limb Control Legs Yes or No Arms Yes or No
9. Wind Swept Legs Yes or No
10. Seizures Yes or No
11. Can the passenger communicate discomfort or pain? Yes or No
12. Anticipated growth over the next 24 months? \_\_\_\_\_
13. Picture of the passenger in daily chair \_\_\_\_\_

**Equipment Information**

14. Harness used in daily chair attach pictures \_\_\_\_\_
15. Seating system in daily chair if any, attach picture or explain such as tilt n space \_\_\_\_\_
16. Headrest on daily chair if any, attach picture \_\_\_\_\_
17. Side lateral supports on daily chair if any attach picture \_\_\_\_\_
18. Equipment on board at any time? If so what and exact dimensions/weight and length of tube from equipment to passenger. \_\_\_\_\_
19. Transfer ability – Can the passenger bare weight during transfers? \_\_\_\_\_
20. Transfer Height – If transfer height is a concern please note floor to seat bottom on daily chair \_\_\_\_\_
21. How will the chair be used such as terrain, frequency, off road, marathons, more than 1 passenger using the chair \_\_\_\_\_
22. Any preconceived ideas of how you want your custom chair to look, pictures of something you have seen, angles you have in mind? \_\_\_\_\_