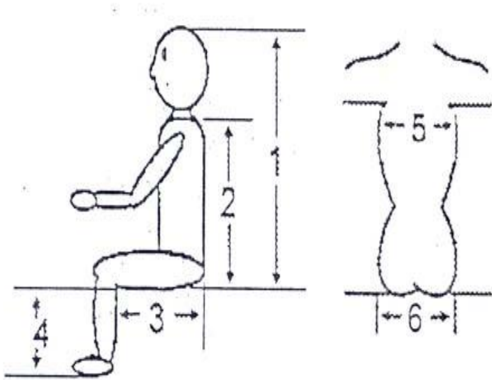
UCP
United Cerebral Palsy

Wheels for Humanity

Standard Wheelchair Request Form

Today's Date		Date of Birth		Age		
Name of Recipient				Gender	M	F
Medical Clinic Association						
Address						
City		State		Country		
Phone #		Fax #				
E-Mail						
Type of disability		Height		Weight		

Information for correct size / type wheelchair



1. Seat to top of head	
2. Seat to top of shoulder	
3. Upper leg length (seat depth)	
4. Lower leg length	
5. Chest width	
6. Hip width (seat width)	

Please attach a photograph here

Can the individual sit up in a chair without support from another person?	Yes	No
Does the individual require support for his/her head?	Yes	No
Doe the individual need upper body support?	Yes	No

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