

# Demonstration Request Manual Wheelchair



<b>ASSESSMENT</b> (Office Use Only)			
Date:		Time:	
Venue:			

In order for us to provide a service we need to gather and record personal information. Sometimes, we need to share basic information with suppliers and other professionals.

The information you supply is never sold and is only retained in order to help us provide you with appropriate equipment.

Do you agree to this use of the information you provide?                    Y            N

Do you agree with this statement?    Y            N

Would you like to be added to our mailing list?                                    Y            N

Permission given by: \_\_\_\_\_ please print

Name	
Address	
Telephone Number	
Mobile Number	
Email Address	
Medical Condition	
Height	
Weight	
Age	
<b>Referral Details</b>	
Assessment Requested By	
Contact Details	
Address	
Telephone Number	
Email	
Funding	
How did you hear about us?	
Demo Equipment	
Existing Equipment	
Supplied by/Owned by	
Additional information	