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## Evaluation Form

Therapist's Name: \_\_\_\_\_ Email \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Therapist Diagnosis: \_\_\_\_\_  
 Expected Growth Rate: \_\_\_\_\_  
 Passenger's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

### Modifications & Custom Work For A Better Fit

"Please answer the following questions so we can assist you with the best fit"

Please Circle Answer

Please Circle Answer

1. Back Brace? Yes or No
2. Spinal Rod? Yes or No
3. Head Halo? Yes or No
4. Head Control? Yes or No

5. Torso Control? Yes or No
6. Limb Control? Yes or No
7. Wind Swept Legs? Yes or No
8. Seizures? Yes or No

**Therapist or Seating Specialist – Please make your recommendations**

<b>Mobility Push Chairs</b>	<b>Color</b>	<b>Model#</b>	<b>Quantity</b>
<b>Axiom 1.5</b>	Red	16" IOM-1.5-09R	
<b>Axiom 1.5</b>	Navy	16" IOM-1.5-09N	
<b>Axiom 2</b>	Red	16" IOM-2-04R	
<b>Axiom 2</b>	Navy	16" IOM-2-04N	
<b>Axiom 3</b>	Red	16" IOM-3-04R	
<b>Axiom 3</b>	Navy	16" IOM-3-04N	

<b>Accessories</b>	<b>Color</b>	<b>Model#</b>	<b>Quantity</b>
<b>Bug Canopy All Sizes</b>	Mesh	ASC-SB2-040	
<b>Sheerling Insert All Sizes</b>	Natural	ASI-DB-040	
<b>Flashing Light</b>	Red	AFL-04R	
<b>Bunting Bag All Sizes</b>	Silver	ABB-07R	

We strive to provide the best fit for the passenger. If you have a special request please let us know. We often can make modifications at an additional cost. \_\_\_\_\_

\_\_\_\_\_  
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*At Adaptive Star we believe in Going Out & Making A Difference, we hope you will join us on our journey.*