



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

[www.adaptivestar.com](http://www.adaptivestar.com)

## 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.*