



Queensland Health
Medical Aids Subsidy Scheme

Mass 28 - Standing Wheelchair Checklist

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Use this form when completing an application for a wheelchair with addition of standing function.

I have assessed the applicant and determined that:

- The client or their carer has demonstrated the ability to safely operate the wheelchair with the addition of standing function in the intended environments Yes
- The client does not have any medical, orthopaedic or other contraindications that will interfere with safe use of the equipment Yes
- The client has been provided with medical clearance by their doctor (including the assessment of bone density) to use this equipment Yes
- Any existing musculoskeletal issues can be safely accommodated in the equipment Yes
- The client will not be placed at risk of developing any new conditions by using the equipment eg fractures, skin breakdown as a result of shear forces Yes

I understand that:

- MASS provides a subsidy only, and is neither the supplier nor manufacturer of the wheelchair with the addition of standing function. Yes
- MASS does not warrant for the safety of the wheelchair with the addition of standing function. Yes
- MASS will not be held liable for any injury or loss that may arise in relation to the subsidised wheelchair with the addition of standing function. Yes
- For MASS/CAEATI applications, MASS will only retain ownership of the wheelchair and is not responsible for the ongoing repairs and maintenance of the standing function. Any repair work required to the standing function will need to be conducted at the client's expense. Yes
- For wheelchairs with standing function funded by CAEATI only, MASS is not responsible for the ongoing repairs and maintenance of the wheelchair or standing function. Any repair work required to the wheelchair or standing function will need to be conducted at the client's expense. Yes

Additional information:

DVD footage may be submitted to provide further support to the application.

Applicant Details

Client name:

Signature:

Date:

Prescriber Details

Prescriber name:

Profession:

Employer:

Signature:

Date:

OFFICE USE ONLY

Confirmed checklist is accompanied by MASS 20 DLA/MOB: Yes No

Date:

MASS Officer:

DO NOT WRITE IN THIS BINDING MARGIN

MASS STANDING WHEELCHAIR CHECKLIST

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