THE POSTUREWORKS
SAFETY • COMFORT • DIGNITY

WHEELCHAIR SCREEN

Pt Name:_____ Room Number_____

Reason for referral:_____

Position in wheelchair:
Abnormal posture in wheelchair:_____

Cushion in wheelchair appropriate for skin condition:_____

Recent change in skin condition:_____

Pt able to self-propel the wheelchair:_____

Functional change in status related to positioning:_____

Functional change in status requiring change in wheelchair:_____

Pain related to positioning:_____

Loss of ROM:_____

Recent fall from wheelchair:_____

Therapist Name_____Date_____