

ADDENDUM - Variety the Children's Charity

ADAPTIVE BICYCLE / TRICYCLE / STROLLER APPLICATION checklist

Please complete in its entirety

Child's Information

- 1) Name: _____
- 2) Diagnosis: _____ Already Given
- 3) Weight of child: _____ lbs.
- 4) Height of child: _____
- 5) Functional presentation of disability: _____ Already Given
- 6) Will child be able to use this equipment for the next 3 years? Yes, definitely No Maybe
(A statement by therapist must be included.)
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Family / Home Information (PICTURES, DRAWINGS AND/OR COMMENTS ON)

- 1) Can the adaptive bicycle / tricycle / stroller fit in the family vehicle? Yes No

List all equipment trialed and outcomes:

- Already given No equipment was trialed No OTHER equipment was trialed

Equipment Specifications (must include)

Basic model features: See product sheet Listed on back/attached

Additional items: Already given None See product sheet Listed on back/attached
(list each item separately and give reasons why needed)

Weight limits: _____ See product sheet Adequate for use Potential problems exist

Height limits: _____ See product sheet Adequate for use Potential problems exist