

ST43 Issue 18

Tailor Made Form

Details of contact for quote

Name/Company:

Address:

Contact No:

Email:

User details

Name:

Weight:

Age:

Gender:

Date:

1. Give a brief diagnosis of the client along with any associated conditions:

2. Does your client have the following? (please tick)

Scoliosis	Yes	No	Kyphosis	Yes	No
if Yes, to the clients:	Left	Right	Low Body Tone	Yes	No
Windswept Hips	Yes	No	Lordosis	Yes	No
if Yes, to the clients:	Left	Right	Does your client have extensor thrust?	Yes	No

3. Clients basic body shape: (please tick)

Apple	Symmetrical	Bulbous Gluteal Shelf	Other
Pear	Asymmetrical	Tall & Slim

4. Make and model of Hoist/s being used:

Make and model:

Type of spreader bar:

Standard Hook (Coat hanger)

Stud Fixing (4 points)

5. Style, size, manufacturer and serial number of current sling:

Sling style: Sling Manufacturer:

Sling Size: Serial Number:

Is it successful? Yes No If 'No' please state reason why it is not successful

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6. Key features:

Do you want to toilet your client? Yes No

Does your client need a head support? Yes No

Does your client need a waist support? Yes No

Does your client need a chest support? Yes No

Does your client have any pressure problems? Yes No

if 'Yes' please state location of pressure sore

Does your client need hip tapes? Fixed Detachable No

In-Situ Range Only – Please state tape fixing option? Fixed Detachable Silva Saftey Slot®

7. What fabric do you require?

Poly (max 220kgs)	Mesh (max 220kgs)	Parasilk (max 160kgs)	Superfine (max 64kgs)	Double Layer Superfine (max 220kgs)	Superfine PLUS (max 220kgs)
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8. When hoisting your client do you require their legs to be:

Hammock Divided Leg Other Please describe:

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9. Required sling range:

Standard	Paediatric	Aqua/Hydro	Stand Aid
In-situ	Bariatric	Amputee	

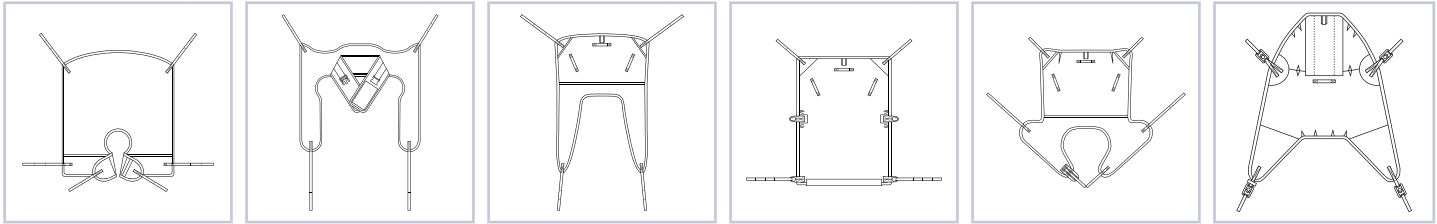
10. Make of wheelchair/seating system:

Standard Moulded Insert Other Can it 'Tilt in Space' Yes No

Any other information relating to the wheelchair/easy chair (e.g. fabric etc)

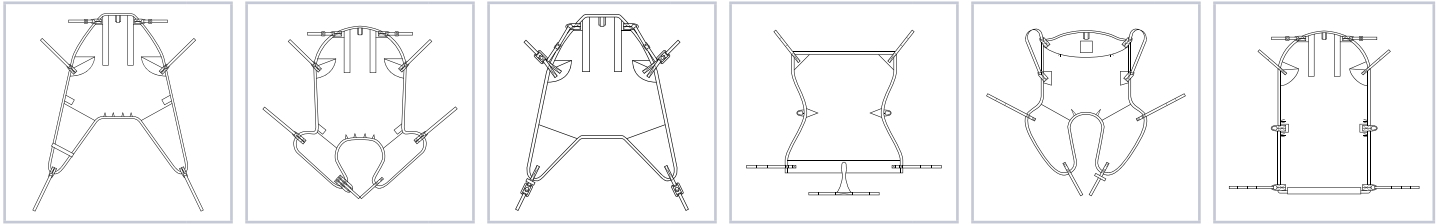
11. Please tick closest sling shape required:

Standard Designs



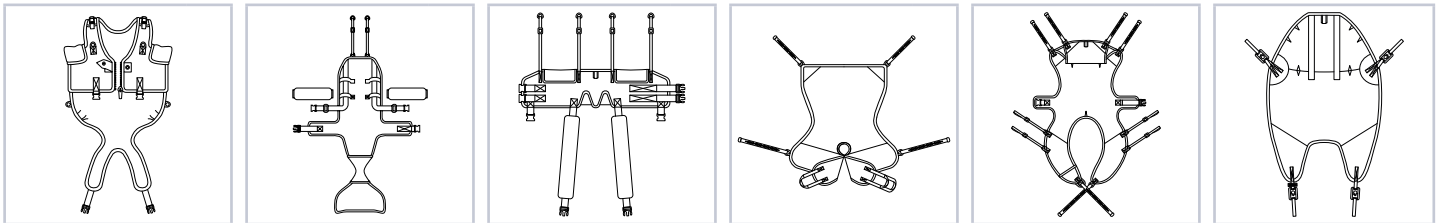
Fastfit Deluxe Dress/Toileting Fastfit Longseat Universal Deluxe High Easy

In-situ Designs



Straight Leg Deluxe Leg High Easy Recline Balance Longseat

Harnesses/Specials



Rachel Harness Jolly Jumper Walking Harness Recline Deluxe Tinkham All-in-one

12. Measurements needed for adjustments to standard sized slings:

Head Support	Body Length	Body Width <i>(each side)</i>	Leg Length	Outer Leg Width <i>(each side)</i>
Add cm	Add cm	Add cm	Add cm	Add cm
Reduce cm	Reduce cm	Reduce cm	Reduce cm	Reduce cm

Inner Leg Width* <i>(each side)</i>	Leg Paddle Depth	Leg Paddle Width <i>(circumference around thigh)</i>	Base of Spine (L5) to Back of Knee Length
Add cm	Add cm	Add cm	Add cm
Reduce cm	Reduce cm	Reduce cm	Reduce cm

Please note drawings shown are for illustration purposes and may not reflect the design you require

*Note: By reducing inner leg width this will open up commode aperture

13. Any further relevant information:

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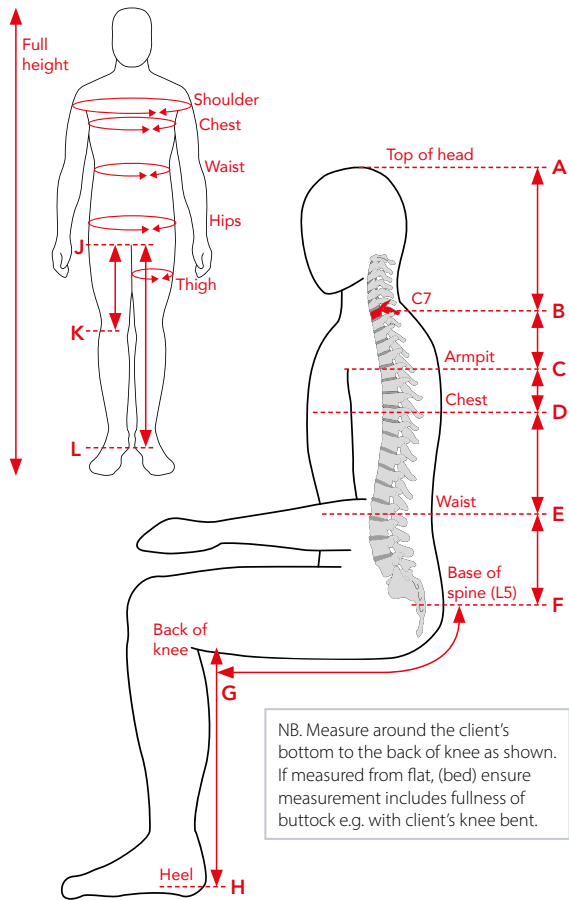
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Please add any diagrams or drawings here:

IMPORTANT: All measurements are an essential requirement for the manufacture of a fully customised sling. It is advisable at the time of the assessment to get as many measurements as possible to enable the future manufacture of a sling or harness, providing your clients condition, weight and size have not changed.

14. All measurement are required for all slings or harnesses:



In Seated Position

A to B	Top of Head to C7		cm
B to F	C7 to Base of Spine (L5)		cm
F to G	Base of Spine (L5) to Back of Knee	(left)	cm
		(right)	cm
B to C	C7 to Armpit (follow spine)		cm
C to E	Armpit to Waist		cm
G to H	Back of Knee to Heel		cm
Full Height of Client			cm
Circumference (around) Shoulders			cm
Circumference (around) Widest Part of Hip			cm
Circumference (around) Mid Thigh - each		(left)	cm
		(right)	cm
Circumference (around) Chest			cm
Circumference (around) Under Bust			cm
Circumference (around) Over Full Bust			cm
Circumference (around) Waist			cm
J to K	Groin to Back of Knee	(left)	cm
		(right)	cm
J to L	Inside Leg	(left)	cm
		(right)	cm
Umbilicus to Back Waist (between legs)			cm

15. Amputees

For amputee clients please fill in the above measurements (part 14) PLUS these additional ones.	Base of Spine L5 (F) to Point of Amputation	(left)	cm	(right)	cm
	Groin (J) to Point of Amputation	(left)	cm	(right)	cm

Please confirm if your client has any known infections i.e. MRSA, C.Diff etc as a sling can not be returned under any circumstances. Yes No

If Yes, please state:

Please note custom made slings are NON-RETURNABLE as they are purchased on a made to measure basis.

Signature of agreement: (OT, Physio, etc.) Name:

We would also like to pass your details onto third parties such as distributors, so that they can contact you with details of our products/services that you have requested which they can provide. If you consent to us passing on your details for that purpose please tick to confirm.

By ticking this box you agree with Silvalea Privacy Policy to be found on silvalea.com on our downloads page_Silvalea Policy & Statements.

By ticking this box you give Silvalea permission to contact you via email with details of related products, services or future product training sessions.

Once you have completed the form, please email to customerservices@silvalea.com