

SWEP Contracted Scooter Trial Form

Requesting Therapist:

Order Date: / /

Name: _____ Organisation: _____

Email: _____ Phone: _____

Days Available:

Mon

☐

Tue

☐

Wed

☐

Thu

☐

Fri

☐

Client Details:

Name: _____ Client Weight: _____ Kg

Address: _____ Client Height: _____ Cm

Phone: _____

Client Contact : _____ Phone: _____

Alternate Trial Address (if not same as above)

**3 Wheel
778S**


☐

**4 Wheel
888SE**


☐

4 Wheel ROCKY4


☐

Other ☐

Please Specify

Is this a replacement scooter (Ie: has the client used one before) ?

For first time user trials please consider the following:

Battery Charging: Is there a suitable power point accessible for re-charging ?

Storage: Is there a suitable, weatherproof place to store the scooter ?

Terrain Type: Is the terrain suitable for this scooter type:

Steep Gradients and loose gravel surfaces may not be suitable for certain scooters !

Travel Distance: What is the likely journey length in Kilometres ? (Distance in Km)

Scooter Accessories: Subject to SWEP approval

Walking Stick Holder	<input type="checkbox"/>	Seat Belt	<input type="checkbox"/>	Oxygen Bottle Holder	<input type="checkbox"/>
Wheelie Walker Carrier	<input type="checkbox"/>	Solid Tyres	<input type="checkbox"/>	Sun Canopy	<input type="checkbox"/>
Rear Bag & Crutch / Walking stick holder	<input type="checkbox"/>	Walking Frame Holder	<input type="checkbox"/>	Scooter Cover	<input type="checkbox"/>

Send via Fax: 1300 734 553 or Email: sales@gmsrehab.com.au

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