

# Personal Wheelchair Support Plan (Part 1)

**Please only complete this if you are interested in exploring personal wheelchair options.**

In order to support your Personal Wheelchair Options application it is really important to us to get an understanding of what is important to you, who is involved in your care and what you hope to achieve. It might help to read the form fully first, take some time to consider the questions, discuss them with family members and carers if that helps and then note down anything you think is relevant. Please bring the form with you to your clinic appointment so we can discuss it with you further.

**Name:**

**Date of Birth:**

**Height (if known):**

**Weight (if known):**

What is important to you? E.g. Attend local football matches, cook for my family etc.

What health conditions/diagnoses do you have and how does your impairment affect your everyday life both at home and in the wider environment?

<b>Who is important to you? Which professionals are regularly involved in your care?</b>	<b>Short description and frequency of support</b>	<b>Contact details if applicable</b>
<b>Family/Carer</b>		
<b>Care/Support Worker</b>		
<b>Social Worker</b>		
<b>Occupational Therapist</b>		
<b>Physiotherapist</b>		
<b>Education Support</b>		
<b>District Nurse</b>		
<b>Other e.g. Allied Health Professional, Voluntary Organisation, Access to Work etc. Provide Details</b>		

# Identified Health and Wellbeing Outcomes

## The outcomes I want to achieve

## How will I achieve these and how my wheelchair will help

Name of person completing form:

Signature:

Date: