



Manual Wheelchair Exchange Form

This form to be used in addition to the manual wheelchair request form for category 1, 2 and 3 requests. For category 4 ultra light wheelchair requests, this form is required in addition to the Category 4 Ultra light Wheelchair Request Form. For manual dynamic tilt exchange requests, this form is required in addition to the manual wheelchair request form and the Letter of Support for Category 4 Manual Dynamic Tilt.

Client Name: _____

A manual wheelchair exchange is being requested for the following reason/s:

- Growth of client – describe _____
- Weight change of client – describe _____
- Change in medical status of client – describe _____

- Current chair is in poor condition/not repairable (as determined by Wheelchair Services technician)

If none of the above apply, state reason for exchange: _____

Notes:

- Without reasonable justification, exchanges will not be considered within 6 months of client receiving their current wheelchair.
- Exchanges will not be made for differences of 1” increments for width, depth, height, etc.
- All exchange requests will be prioritized based on safety and usage

For office use only:			
Authorized by: _____	date: _____		
Level of priority:	1	2	3