DIETZ GROUP

SHAPING LIFE

ICF-Evaluation Form & Custom-Made Device Report

ADAPTIVE WHEELCHAIRS

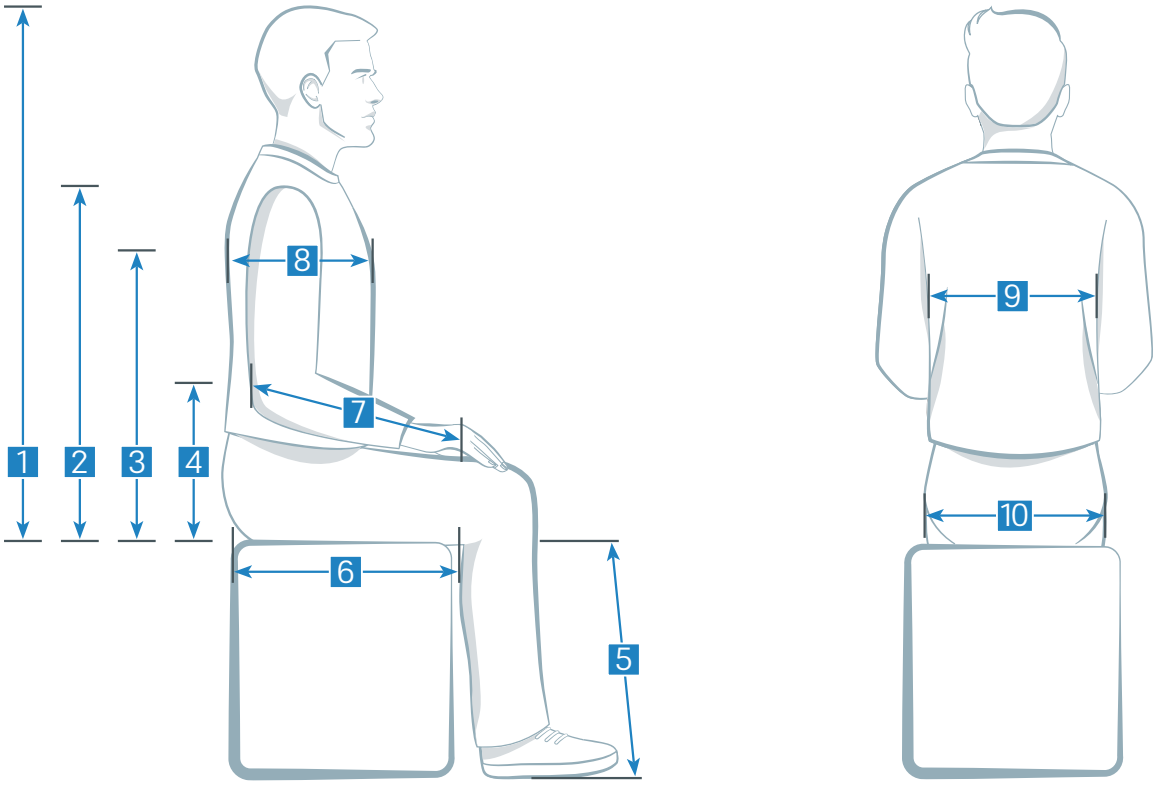


Retailers

company	DIETZ specialist
address	contact person
phone	e-mail

Patient Data

commission	BMI	☐ female	☐ male
health insurance	size (m)	weight (kg)	
1 crown height	6 thigh length		
2 shoulder height	7 forearm length to middle of hand		
3 armpit heigh	8 torso depth		
4 armrest height	9 torso width		
5 lower leg length	10 hip width		



SITUATION ANALYSIS

Status of Care and Current Provision of Aids

☐ primary care	☐ follow-up care	☐ resupply

☐ wheelchair standard	☐ wheelchair adaptive / active	☐ wheelchair light	☐ auxiliary drive	☐ pushing aid	☐ electric wheelchair

Where the Wheelchair is Used

☐ home	☐ nursing home / care facility	☐ inside	☐ outside	☐

Environment Analysis (Specification in cm)

door width (smallest)	door threshold height
gradient (degree/length)	elevator dimensions
narrowest point (smallest)	max. own weight
max. load capacity	max. additional load

☐ independent locomotion	☐ getting around with the help of an accompanying person	☐ additional drive required
☐ ramps requir	☐ foldability necessary	☐ weight increase necessary

Transfer Conditions

☐ transfer from / to bed	☐ transfer necessary
☐ transfer between aids	☐ lateral transfer necessary
☐ transfer to / from chair	☐

SITUATION ANALYSIS

Shelter Options

☐ garage	☐ shed	☐ hallway	☐ apartment	☐ balcony/ terrace	☐

Transport of the Wheelchair

☐ no transportation	☐ together with patient in the car	☐ Patient not sitting in a wheelchair	
boot opening dimensions (cm)	width	length	height

Diagnosis with Indication of ICD (if available)

disease patterns (static)	disease patterns (dynamic)
☐ hemiplegia	☐ obesity
☐ paraplegia	☐ amyotrophic lateral sclerosis (ALS)
☐ scoliosis	☐ multiple sclerosis (MS)
☐ quadriplegia	☐ muscular dystrophy
☐ tetraspasticity	☐ parkinson's disease
☐	☐ spinal muscular atrophy
☐	☐

Description of Damaged Body Functions and Structures

	right	left		right	left
arms/hands	☐ yes	☐ yes	legs	☐ yes	☐ yes
	☐ no	☐ no		☐ no	☐ no

☐ no or insufficient trunk stability	☐ no or insufficient head control	☐ no or insufficient walking ability

Please describe the characteristics of the diagnosis here:
Which bodily functions and structures are damaged and how?

SUPPLY PROPOSAL

The ICF questionnaire is used to systematically record patient data in order to provide a well-founded justification for the assumption of costs by the cost bearer. The ICF (International Classification of Functioning, Disability and Health) survey provides a detailed analysis of the patient's individual needs and limitations and is structured as follows:

Diagnosis and main characteristics: The diagnosis is first determined and the main symptoms and characteristics associated with it. This provides a basis to justify the specific need for support and assistive devices.

Body functions and structures: The affected body functions (e.g. walking function, gripping function, cognitive abilities) and the damaged body structures (e.g. nerves, bones, muscles, tissue) are described in detail here. This information clarifies the physical limitations and how they affect the user's daily activities.

Influence on activities of daily living: It is explained how the physical limitations affect the user's independence and mobility in everyday life. This includes, for example, difficulties with moving around the home, eating, dressing or social activities.

Contextual factors: These factors include the living environment (e.g. accessibility, supportive facilities, possible barriers) and the current provision of assistive devices. If existing aids are no longer sufficient, it is explained why they do not meet current requirements.

Long-term view: A forward-looking view describes potential long-term effects on health, such as the risk of contractures, spasticity, scoliosis, hyperkyphosis and the strain on vital functions (e.g. cardiovascular, respiratory). The condition of the skin is also assessed, particularly at pressure points, to minimise the risk of pressure sores.

Care Goals According to ICF incl. Indication of Context Factors

Please describe your desired customised product in detail and explain why it is necessary.

SUPPLY PROPOSAL

Care Goals According to ICF incl. Indication of Context Factors

- Presentation of the products / options / customised products that would achieve the supply targets.
- Why is the current supply not sufficient?
- Why is this proposal the most economical supply?

Objectives of Care Provision

(Activities of daily living – detailing everyday life 24/7)

- ☐ compensation for an existing significant impairment of mobility / walking
- ☐ ensuring mobility indoors and outdoors
- ☐ participation in social life (avoidance of isolation)
- ☐ compensation for a temporary walking disability (fracture or similar)
- ☐ enabling a physiological sitting position and avoiding consequential damage
- ☐
- ☐
- ☐

SUPPLY PROPOSAL

Picture Documentation

SUPPLY PROPOSAL

Picture Documentation

the challenge

TEST PROTOCOL

test drive carried out on	test drive carried out with
model test drive	test drive duration

The designated insured person is mentally and physically capable of operating and using the tested aid appropriately.	☐ yes	☐ no
I have taken note of the data collected during the trial on pages 1–11.	☐ yes	☐ no

DECLARATION OF CONSENT TO THE USE OF DATA BY THE INSURED PERSON

With this declaration of consent to the use of data, I agree that my data - including medical data – may be collected and evaluated in this report for the purpose of optimizing the provision of aids.

I have been informed that answering the questions is voluntary and that I will not suffer any disadvantages if I do not answer them. Under certain circumstances, however, there may be a delay in approval by the relevant funding body.

The data will be deleted or the report destroyed when your data is no longer required or the provision of aids has been completed and there are no other statutory retention obligations or legal justifications for storage.

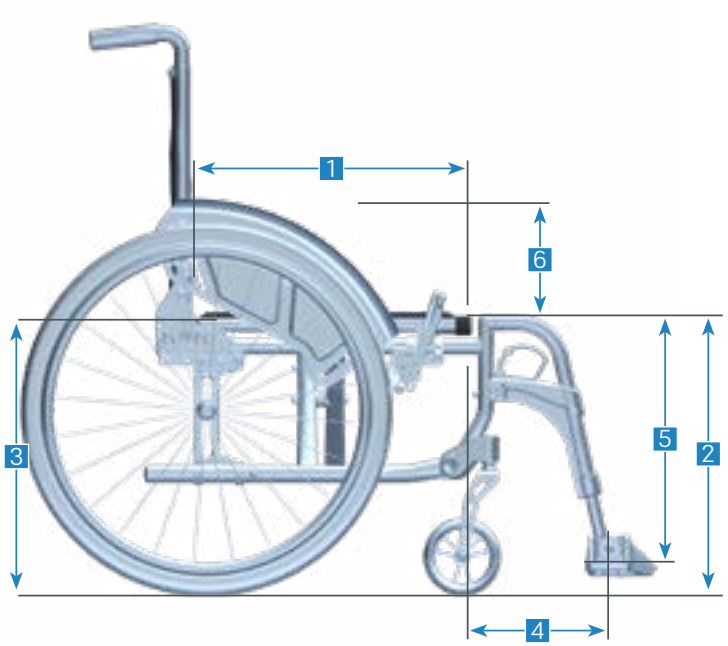
We assure you that the provisions of the EU's General Data Protection Regulation (GDPR) will be complied with.

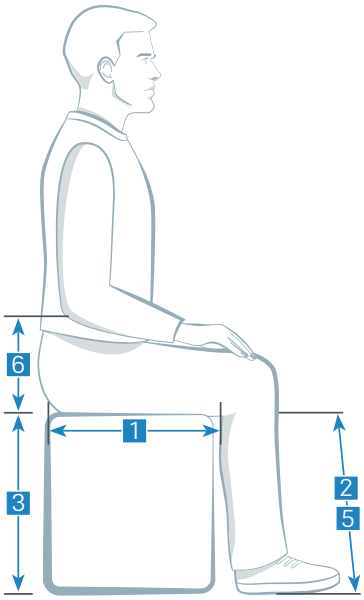
date
signature of patient / relative
signature of specialist dealer
signature manufacturer

SPECIAL CONSTRUCTION REPORT

ONLY TO BE FILLED IN IF STANDARD DIMENSIONS DEVIATE

Special Dimension	Values (cm)	Remarks
1 seat depth thigh length, minus two fingers wide		
2 front seat height lower leg length + sufficient distance from footplate to floor (min. 4 cm), starting from the seat plate!!		
3 rear seat height depending on the seat height at the front, the seat angle and the seat depth, starting-from the seat plate!		
4 legrest depth seat plate to center vertical alignment to the pivot point of the foot plate, starting-from the seat plate!		
5 leg rest length seat plate to center pivot point foot plate		
6 armrest height upper edge of armrest cushion		

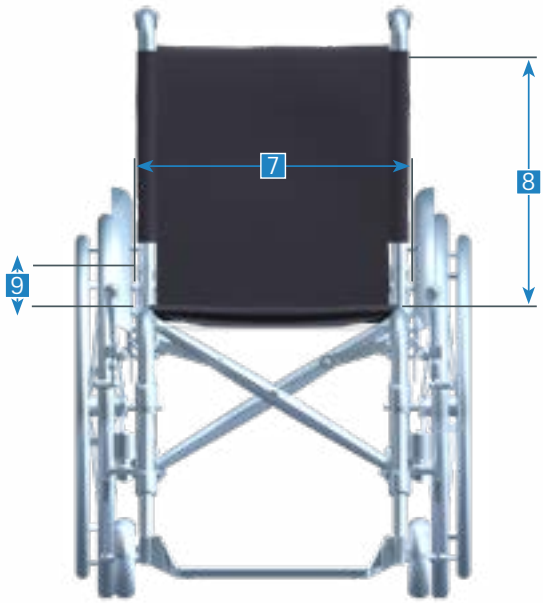


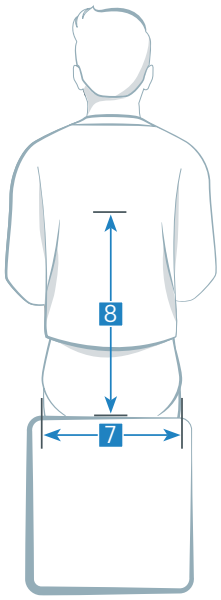


SPECIAL CONSTRUCTION REPORT

ONLY TO BE FILLED IN IF STANDARD DIMENSIONS DEVIATE

Special Dimension	Values (cm)	Remarks
7 seat width consider armrest position		
8 back cushion height from the seat plate to under the shoulder blades		
9 seat cushion height Important! Calculated by the special construction team		





Further Special Construction Options

☐ therapy table	☐ additional brackets	push handles ☐ fixed ☐ adjustable	☐
☐ platform required for mobile devices ☐ left ☐ right			