

WESTMARC Wheelchair Service, QEUH Hospital
 1345 Govan Road, Glasgow G51 4TF
 Fax: 0141 201 2649

Reporting Form

For use when there are difficulties with a patient's existing equipment

Patient's Name:		DOB	
Patient's Address:			
Address for Review:			
Diagnosis: ***			

Reporter's Name:		Designation	
Address:			
Contact Tel. No.	Date:		

Wheelchair associated with Problem:

Manual:	
Powered:	
Buggy:	

Nature of Patient's Difficulties:

Are the difficulties due to a change in the patient's clinical condition?

Yes	
No	

Would you like a member of WESTMARC clinical/technical Staff to visit the patient?

Yes	
No	

NOTES:* THIS SECTION MUST BE COMPLETED OR FORM WILL BE RETURNED**

Wheelchair repair should be telephoned into Westmarc Tel. 0844 811 3001
 New patients should be referred to WESTMARC on an alternative form (GW1).
 Urgent reports should be faxed into WESTMARC (Fax. 0141 201 2649). **Pg 1**

Has the Patient/Parent/Guardian/
Carer agreed to this Review?

Yes	
No	

Does a family Member, Carer, or
Guardian wish to attend the
Review?

Yes	
No	

Type of adaptation requested (If known, please indicate what type of adaptation is required, and give relevant details)

	ف	Details of adaptation
Change in wheelchair size:		
Change in wheelchair type:		
Change in wheel size:		
Change to lighter wheelchair:		

Supply lap strap:		
Supply stump board:		
Supply tray:		
Supply pump for tyres:		
Supply seat cushion:		
Fit extended brake lever:		

Replace lost/stolen equipment (specify item and reason why a replacement is requested):		
Repair to worn equipment (specify item):		
Other:		

Is this a request that should be treated as a priority?

Yes	
No	

If 'yes' give reason

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