

## ST43 Issue 19

# Tailor Made Form

### Details of contact for quote

Name/Company: .....

Address: .....

.....

Contact No: .....

Email: .....

### User details

Name: .....

Weight: .....

Age: ..... Gender: .....

Date: .....

### 1. Give a brief diagnosis of the client along with any associated conditions:

### 2. Does your client have the following? (please tick)

Scoliosis	Yes	No	Kyphosis	Yes	No
<i>if Yes, to the clients:</i>	Left	Right	Low Body Tone	Yes	No
Windswept Hips	Yes	No	Lordosis	Yes	No
<i>if Yes, to the clients:</i>	Left	Right	Does your client have extensor thrust?	Yes	No

### 3. Clients basic body shape: (please tick)

Apple	Symmetrical	Bulbous Gluteal Shelf	Other	.....
Pear	Asymmetrical	Tall & Slim		

### 4. Make and model of Hoist/s being used:

Make and model: .....

Type of spreader bar:                      Standard Hook (Coat hanger)                      Stud Fixing (4 points)

### 5. Style, size, manufacturer and serial number of current sling:

Sling style: ..... Sling Manufacturer: .....

Sling Size: ..... Serial Number: .....

Is it successful?    Yes            No            If 'No' please state reason why it is not successful .....

.....

### 6. Key features:

Do you want to toilet your client?            Yes            No

Does your client need a head support?        Yes            No

Does your client need a waist support?        Yes            No

Does your client need a chest support?        Yes            No

Does your client have any pressure problems?    Yes            No

*if 'Yes' please state location of pressure sore* .....

Does your client need hip tapes?            Fixed            Detachable            No

**In-Situ Range Only** – Please state tape fixing option?            Fixed            Detachable            Silva Saftey Slot®

### 7. What fabric do you require?

Poly (max 220kgs)	Mesh (max 220kgs)	Parasilk (max 160kgs)	Superfine (max 64kgs)	Double Layer Superfine (max 220kgs)	Superfine PLUS (max 220kgs)
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### 8. When hoisting your client do you require their legs to be:

Hammock            Divided Leg            Other            Please describe: .....

.....

### 9. Required sling range:

Standard	Paediatric	Aqua/Hydro	Stand Aid
In-situ	Bariatric	Amputee	

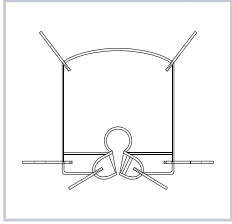
### 10. Make of wheelchair/seating system:

Standard            Moulded Insert            Other            Can it 'Tilt in Space'    Yes            No

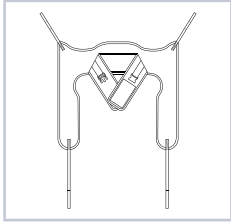
Any other information relating to the wheelchair/easy chair (e.g. fabric etc) .....

**11. Please tick closest sling shape required:**

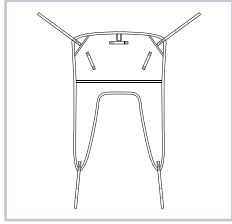
**Standard Designs**



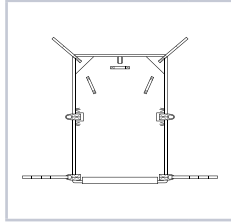
Fastfit Deluxe



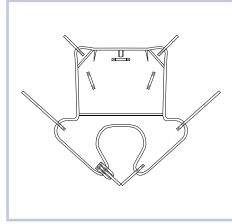
Dress/Toileting



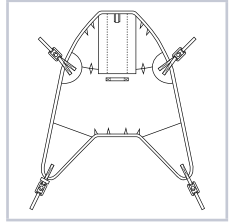
Fastfit



Longseat

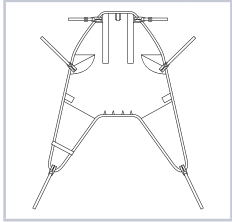


Universal Deluxe

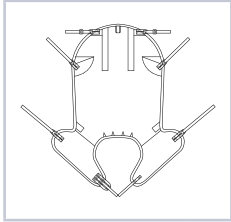


High Easy

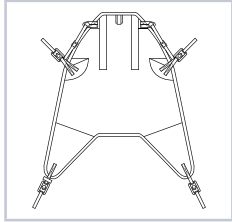
**In-situ Designs**



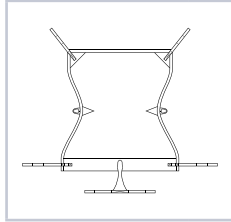
Straight Leg



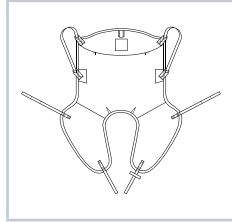
Deluxe Leg



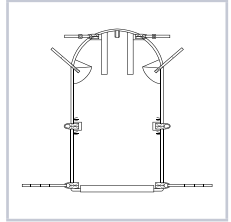
High Easy



Recline

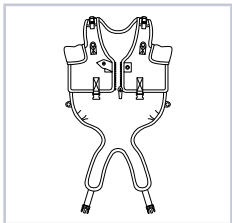


Balance

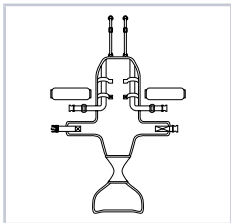


Longseat

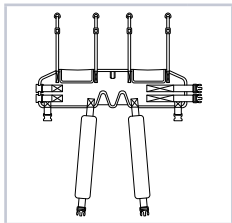
**Harnesses/Specials**



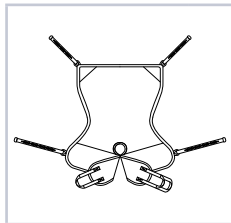
Rachel Harness



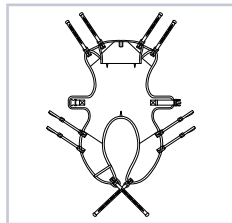
Jolly Jumper



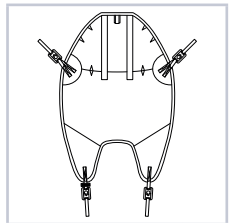
Walking Harness



Recline Deluxe



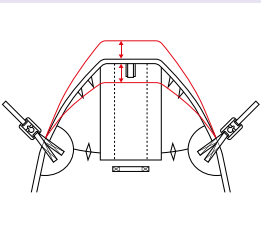
Tinkham



All-in-one

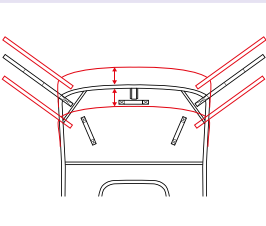
**12. Measurements needed for adjustments to standard sized slings:**

**Head Support**



Add ..... cm  
Reduce ..... cm

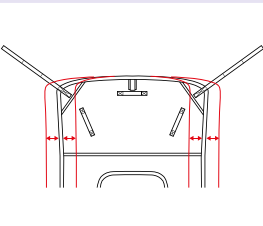
**Body Length**



Add ..... cm  
Reduce ..... cm

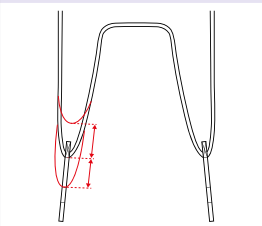
**Body Width**

*(each side)*



Add ..... cm  
Reduce ..... cm

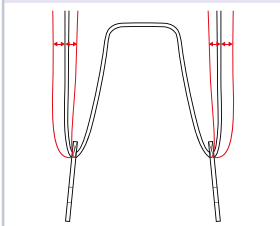
**Leg Length**



Add ..... cm  
Reduce ..... cm

**Outer Leg Width**

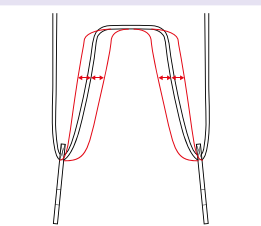
*(each side)*



Add ..... cm  
Reduce ..... cm

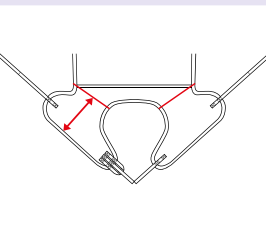
**Inner Leg Width\***

*(each side)*



Add ..... cm  
Reduce ..... cm

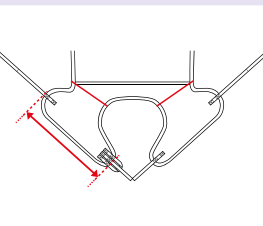
**Leg Paddle Depth**



Add ..... cm  
Reduce ..... cm

**Leg Paddle Width**

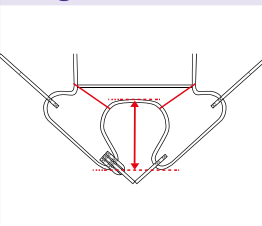
*(circumference around thigh)*



Add ..... cm  
Reduce ..... cm

**Base of Spine (L5)**

**to Back of Knee Length**



Add ..... cm  
Reduce ..... cm

Please note drawings shown are for illustration purposes and may not reflect the design you require

\*Note: By reducing inner leg width this will open up commode aperture

**13. Any further relevant information:**

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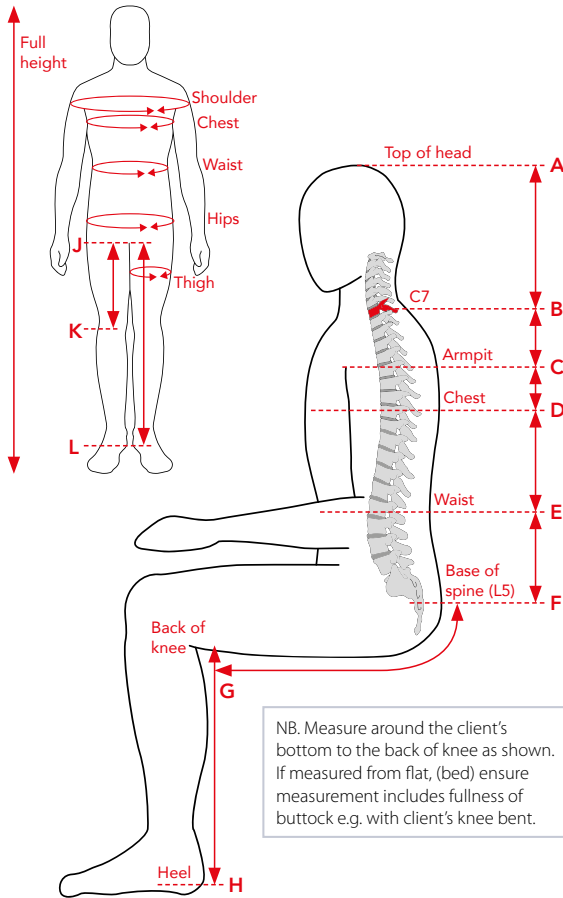
.....

Please add any diagrams or drawings here:



**IMPORTANT:** All measurements are an essential requirement for the manufacture of a fully customised sling. It is advisable at the time of the assessment to get as many measurements as possible to enable the future manufacture of a sling or harness, providing your clients condition, weight and size have not changed.

**14. All measurement are required for all slings or harnesses:**



In Seated Position

<b>A to B</b>	<b>Top of Head to C7</b>		<b>cm</b>
<b>B to F</b>	<b>C7 to Base of Spine (L5)</b>		<b>cm</b>
<b>F to G</b>	<b>Base of Spine (L5) to Back of Knee</b>	(left)	<b>cm</b>
		(right)	<b>cm</b>
<b>B to C</b>	<b>C7 to Armpit (follow spine)</b>		<b>cm</b>
<b>C to E</b>	<b>Armpit to Waist</b>		<b>cm</b>
<b>G to H</b>	<b>Back of Knee to Heel</b>		<b>cm</b>
<b>Full Height of Client</b>			<b>cm</b>
<b>Circumference (around) Shoulders</b>			<b>cm</b>
<b>Circumference (around) Widest Part of Hip</b>			<b>cm</b>
<b>Circumference (around) Mid Thigh - each</b>			(left) <b>cm</b>
			(right) <b>cm</b>
<b>Circumference (around) Chest</b>			<b>cm</b>
<b>Circumference (around) Under Bust</b>			<b>cm</b>
<b>Circumference (around) Over Full Bust</b>			<b>cm</b>
<b>Circumference (around) Waist</b>			<b>cm</b>
<b>J to K</b>	<b>Groin to Back of Knee</b>	(left)	<b>cm</b>
		(right)	<b>cm</b>
<b>J to L</b>	<b>Inside Leg</b>	(left)	<b>cm</b>
		(right)	<b>cm</b>
<b>Umbilicus to Back Waist (between legs)</b>			<b>cm</b>

**15. Amputees**

For amputee clients please fill in the above measurements (part 14) PLUS these additional ones.

<b>Base of Spine L5 (F) to Point of Amputation</b>	(left)	<b>cm</b>	(right)	<b>cm</b>
<b>Groin (J) to Point of Amputation</b>	(left)	<b>cm</b>	(right)	<b>cm</b>

Please confirm if your client has any known infections i.e. MRSA, C.Diff etc as a sling can not be returned under any circumstances. Yes No

If Yes, please state: .....

**Please note custom made slings are NON-RETURNABLE as they are purchased on a made to measure basis.**

Signature of agreement: (OT, Physio, etc.) ..... Name: .....

We would also like to pass your details onto third parties such as distributors, so that they can contact you with details of our products/services that you have requested which they can provide. If you consent to us passing on your details for that purpose please tick to confirm.

By ticking this box you agree with Silvalea Privacy Policy to be found on silvalea.com on our downloads page\_Silvalea Policy & Statements.

By ticking this box you give Silvalea permission to contact you via email with details of related products, services or future product training sessions.

**Once you have completed the form, please email to [customerservices@silvalea.com](mailto:customerservices@silvalea.com)**