



Queensland Health

Medical Aids Subsidy Scheme

**MASS 24 - Home Access
Checklist – Power-drive Wheelchairs
(PWC)**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Date(s) of assessment:

_____ to _____

Yes

No

**Needs
modifications /
assistance**

Comments

Client Skills

**Ability to propel a
Lightweight Manual
Wheelchair**

(supporting clinical
information to be entered on
MASS 20 Application form)

Independent ***

Inconsistent in ability
due to disability ***

Not able

**Client level of
experience with PWC**

Please state the level of experience the client has with driving a PDWC:

New Learner > 5 years

Other:

Specific Functions

**Can the client /
carer (s):**

MANUALLY engage
& disengage clutch
(when changing between
power and manual
operation of chair)

Effectively recharge the
batteries

Driving Skills

**Can the client safely
drive their PWC:**

Forward – maintaining
a straight line

Turning left & right on
cue and/or in response
to their environment

In reverse

Safety

Can the client?

Stop on command

Start on command

Negotiate & avoid
obstacles

Adjust speed to suit
environment

Home Access

**Can the client drive
their PWC to safely
enter and exit at the:**

Primary entrance

Secondary entrance

Property entrance

Other entrance(s)

Video footage may be submitted to provide further support to the application.

*** Client may not meet Clinical Eligibility Criteria for PWC – contact MASS Mobility advisor.

DO NOT WRITE IN THIS BINDING MARGIN

HOME ACCESS AND SAFETY CHECKLIST – POWER-DRIVE WHEELCHAIRS (PDWC)

SW8036

MASS24 v1.01 - 02/2016

Name.....DOB.....UR No

		Yes	No	Needs modifications / assistance	Comments
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Home Access

Can the client drive their PWC to safely enter and exit the area(s) of:	Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bathroom / shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hallway(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lounge Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dining Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Outdoor living areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Mail Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Vehicle access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transfers / Access to Wheelchair

Can the client, demonstrate safe transfer methods in the areas of:	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Use of Controls

On the PWC, can the client safely access and use:	On/Off Switch/Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Changing Speed Control (if desired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other power functions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Tilt in space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Elevating leg rests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Community Skills

Can the client drive the PWC safely:	Up / down footpath kerbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Along narrow path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Over uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Observation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments: (include strategies to manage potential impact of medical conditions which may pose a risk to safe PWC use)

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MASS 82 Consent for Photograph / Video Form is required when video footage is submitted to MASS with PWC applications.

PD Wheelchair details:

Prescriber contact details:

Prescriber Print Name:

Prescriber signature: _____ **Date:** _____

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