



MOUNTING

INITIAL INFORMATION WORKSHEET

Helping Hand For Mounting Devices

- 1) **BEFORE** – As part of the evaluation, please take photos of the chair. (Refer to the Photo Tips Sheet for the type of photos needed).
- 2) **AFTER** – After you successfully install the mount, please take photos and if appropriate, have a CJT photo release signed.

In order for us to better assist you, please complete the worksheet then do a "save as" and name it like this "(your name)-CJTWorksheet" and upload it with your digital photos to: www.cjtmounting.com. A quote will be issued within one week.

PLEASE DO NOT FAX THE PHOTOS

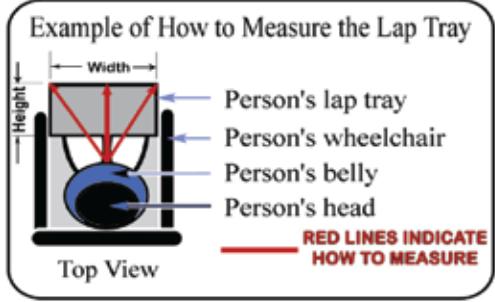
This quote should be made to:	
Organization:	
Today's Date:	Date of Next Visit:
Name: (person requesting help)	
Best time to contact you:	
Phone Number:	
Cell Number:	
Email:	
Address:	
City/State/Zip:	
Client Reference Name: (Does not have to be full name)	
What type of Device will you be mounting?	
What will the mounting system be attached to?	Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other <input type="checkbox"/>
Make & Model of Equipment:	
Is the Wheelchair	Manual <input type="checkbox"/> or Power <input type="checkbox"/>
Does the chair tilt? Is the tilt used?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the lap tray used on the chair?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dimension of lap tray	Width: _____ Height: _____



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How does the person access their device?	Direct Select <input type="checkbox"/> or Switch Access <input type="checkbox"/> Eye Gaze <input type="checkbox"/> or Other <input type="checkbox"/>								
If, Direct Select, please choose the best description of the person's touch.	Gentle Touch <input type="checkbox"/> Medium Touch <input type="checkbox"/> Strong Touch <input type="checkbox"/>								
IMPORTANT: Where does the device need to be positioned?									
Will you need to order a PFL Switch Mount? (PFL – Profiler-Lite) If yes, please complete the PLF/PL worksheet	YES <input type="checkbox"/> NO <input type="checkbox"/>								
Will you need to order an additional mounting system for a second piece of equipment?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
If YES, please complete a second worksheet and take pictures of the second piece of equipment									
Special Notes:									
Measure from side of wheelchair seat frame up to the device.									
	<p>How to measure round tubes with a strip of paper to get the "Waist Size", i.e. the circumference.</p> <table border="1"> <thead> <tr> <th>WAIST-SIZE (circumference)</th> <th>DIAMETER of tube</th> </tr> </thead> <tbody> <tr> <td>3 3/16"</td> <td>1"</td> </tr> <tr> <td>2 3/4"</td> <td>7/8"</td> </tr> <tr> <td>2 3/8"</td> <td>3/4"</td> </tr> </tbody> </table>	WAIST-SIZE (circumference)	DIAMETER of tube	3 3/16"	1"	2 3/4"	7/8"	2 3/8"	3/4"
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	<p>How to Measure the Lap Tray</p> <ol style="list-style-type: none"> 1) Begin with the person sitting comfortably in the chair. 2) Measure the width and height of the lap tray. 3) Measure the distance from the person's belly to the front far edge of the lap tray. 4) Measure the distance from the person's belly towards each corner of the lap tray. 								