

To be completed by the prescriber

Advice to Client form

Date

1. Client's details

Full name

Date of birth

Disability and/or medical condition

Phone number

Address

2. Prescriber's details

Name

Organisation

Occupation

Email

Phone number

3. Prescribed product(s)

- Australian standard car seat
- Modified Australian standard car seat
- Modified seatbelt (e.g. seatbelt buckle cover)
- Special purpose car seat
- Specialty harness/vest
- No vehicle seatbelt
- Other option

Commercial name of product(s) (where applicable)

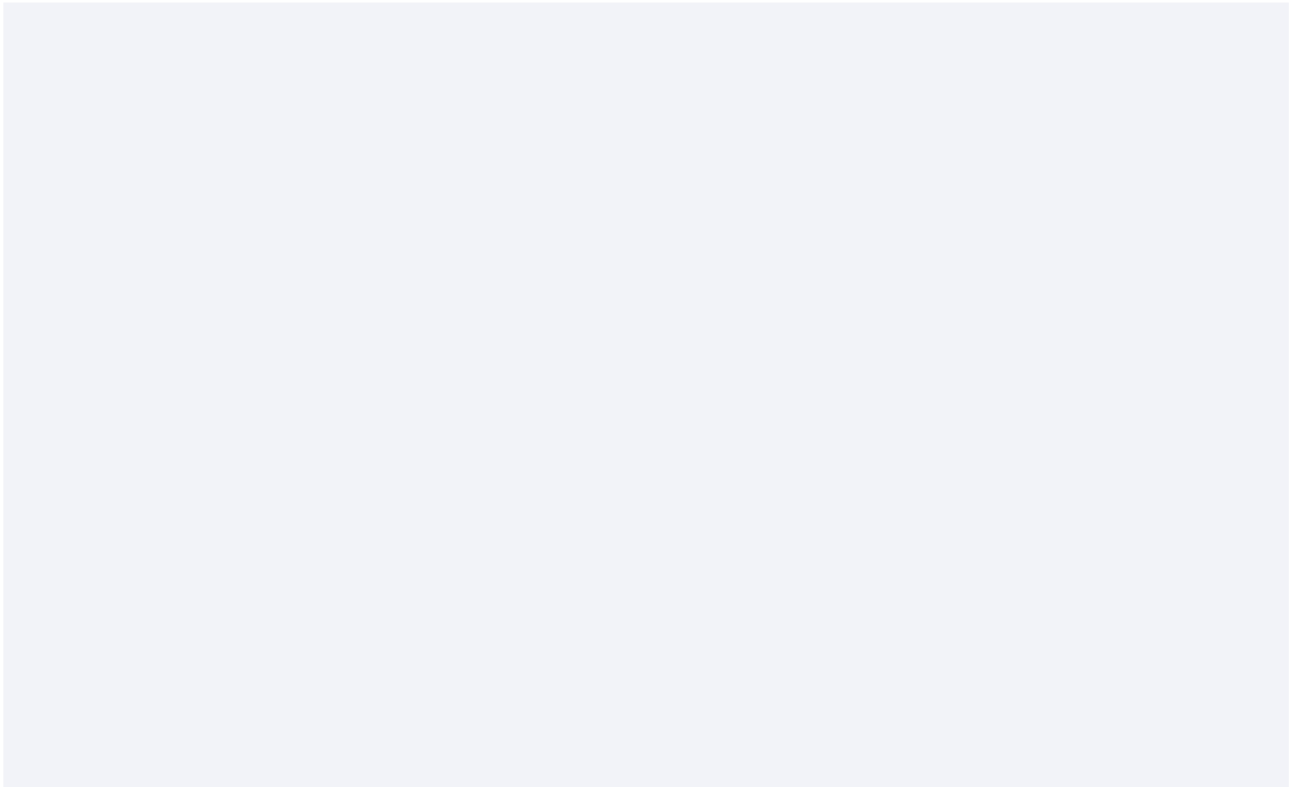
Describe modification or other option (where applicable)

Reason for prescribing

Review date

The prescribed devices (or other option) are for use in the following motor vehicles (list)

4. Important information about installation and use



Client's signature

Date

Prescriber's signature

Date

For more information about transporting clients with disabilities visit
www.makahub.org