

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)

- | | |
|---|---|
| <input type="checkbox"/> Australian standard car seat | <input type="checkbox"/> Specialty harness/vest |
| <input type="checkbox"/> Modified Australian standard car seat | <input type="checkbox"/> Other option |
| <input type="checkbox"/> Modified seatbelt (e.g. seatbelt buckle cover) | |
| <input type="checkbox"/> Special purpose car seat | |

Commercial name of product(s) (where applicable)

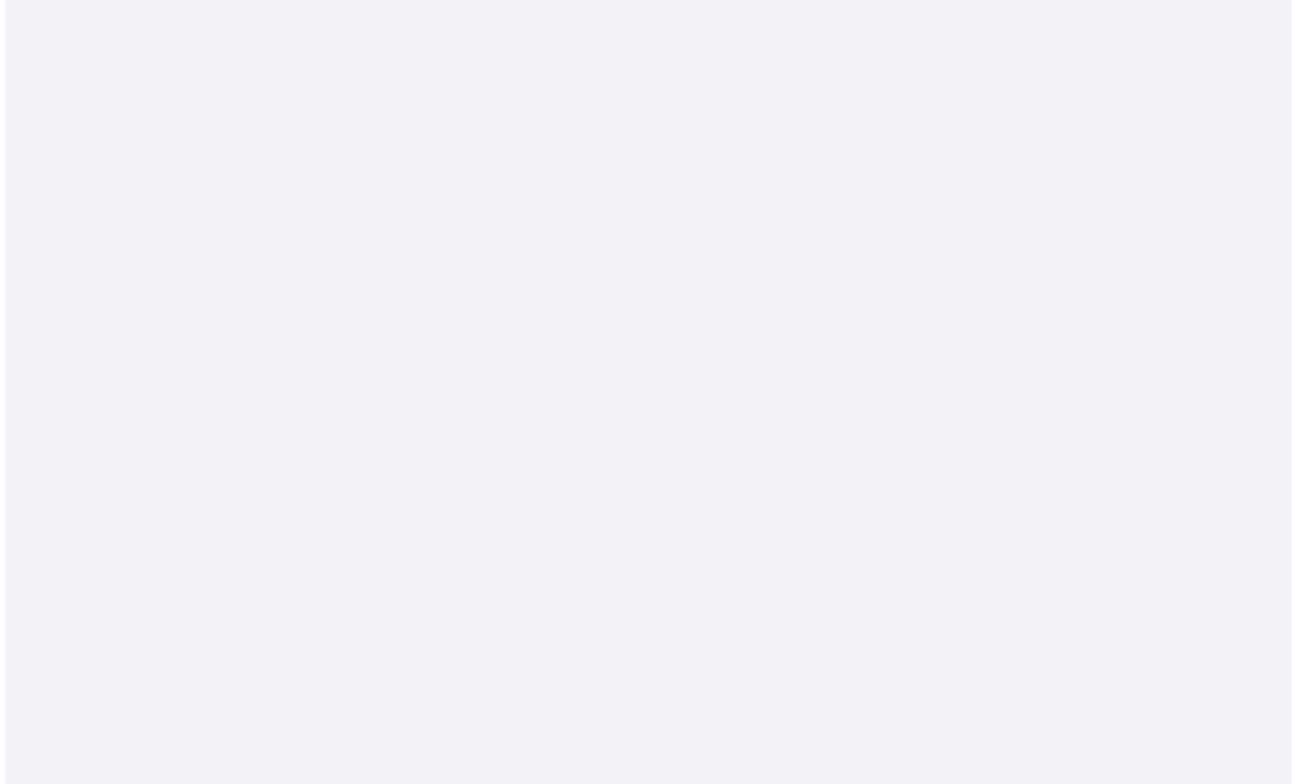
Describe modification or other option (where applicable)

Reason for prescribing

Review date

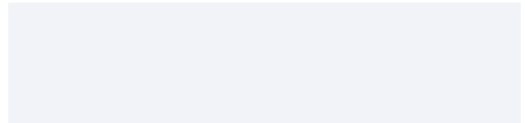
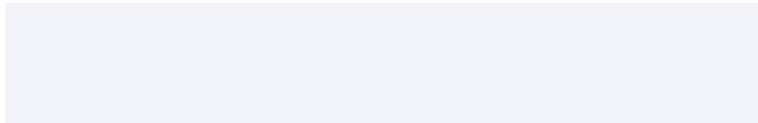
The prescribed devices (or other option) are for use in the following motor vehicles (list)

4. Important information about installation and use



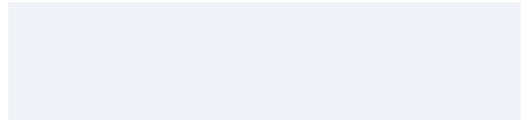
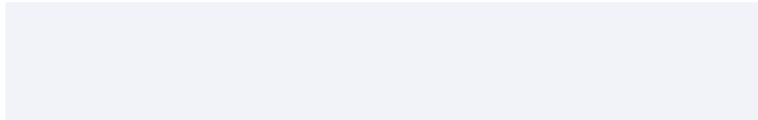
Client's signature

Date



Prescriber's signature

Date



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