

Personal Wheelchair Support Plan (Part 2)

This is a summary of the conversation you had with your Wheelchair Clinician at your assessment. It includes information about your wheelchair prescription and how you will be using your personal wheelchair budget.

Name:

Date of Birth:

NHS No.:

My Wheelchair Prescription and Recommendations

How My Budget is Managed

Option 1 Notional Personal Wheelchair Budget

Value of NHS wheelchair (A) = £

Option 2 Notional Personal Wheelchair Budget with contribution

Cost of chosen chair (B) = £

Value of NHS wheelchair (A) = £

Additional contribution needed (B) – (A) = £

Option 3 Third Party Personal Wheelchair Budget

Cost of chosen chair (C) = £

Value of NHS wheelchair (A) = £

Value of maintenance allowance (D) = £

Additional contribution needed (C) – (A+D) = £

Please note the above are only indicative figures. A firm quote will be provided once all the details are known.

Personal Wheelchair Support Plan completed by:

Name	Designation	Signature	Date

Name of person completing form:

Signature:

Date:

I understand that if I chose either Option 1 (Notional PWB) or Option 2 (Notional PWB with top up) the wheelchair is on loan and remains the property of the NHS and to be returned to the Wheelchair Service when no longer required.

Signature:

Date: