



FORM 1 PARTICIPANT WHEELCHAIR LIFT AND TRANSFER PLAN

Participant Name: _____

Date: _____

Wheelchair type: _____

Please Circle One: Weight Bearing Non Weight Bearing Other: _____

List step-by-step directions for the following:

Chair to Chair Transfer:

Chair to Pool Transfer:

Chair to Bathroom Transfer:

Chair to Ground Transfer:

Other details you would like the staff to know:

Person completing the form: _____ **Phone Number:** _____