

AMTRYKE® ASSESSMENT FORM (MUST BE FILLED OUT COMPLETELY BY THERAPIST)

Using the list below circle the tryke and accessories needed. (to view the products visit www.ambucs.org)

Happy small bucket seat OR **Jumbo** large bucket seat Helmet Size XXS XS S/M L/XL

Wrist Wraps XS S M L XL Toddler Foot-cups Pedal Block (1 equals ½-inch) ____
Hand Wraps 1 or 2 Knee adductor strap S M L Auto-Freewheel Disabled YES__ NO__

AM-9S small bucket seat OR **AM-9L** large bucket seat Helmet Size XXS XS S/M L/XL

Wrist Wraps XS S M L XL Toddler Foot-cups Pedal Block (1 equals ½-inch) ____
Hand Wraps 1 or 2 Knee adductor strap S M L Vertical Hand Grips
Seat Extender for AM-9S only

AM-12 (12" front wheel) OR **AM-16** (16" front wheel) Helmet Size XXS XS S/M L/XL

Choose Seating Option: **SADDLE SEAT/BACK REST** OR **BUCKET SEAT**

Wrist Wraps XS S M L XL Hand Wraps 1 or 2 Bench Seat
1400 Seatback (includes push grip, backpad, 2 laterals) 1400 Head Rest 1400 Hip Pad
1400 Full padded back H-Harness: 8 1/2 inch 11 ½ inch
Pedal Block (1 equals ½-inch) ____ Medium or Large Foot-cups Knee separator
Knee adductor strap S M L Vertical Hand Grips Stationary Foot Plate Adaptor Push Bar

1412 ProSeries (12" wheels) Helmet Size XXS XS S/M L/XL

Choose Seating Option: **SADDLE SEAT/BACK REST** OR **BUCKET SEAT**

Wrist Wraps XS S M L XL Hand Wraps 1 or 2 Bench Seat
1400 Seatback (includes push grip, backpad, 2 laterals) 1400 Head Rest 1400 Hip Pad
1400 Full padded back H-Harness: 8 1/2 inch 11 1/2 inch
Knee separator Knee adductor strap S M L

1416 ProSeries (16" wheels) **1420 ProSeries** (20" wheels) Seating : saddle seat with 1400 Seatback-push grip, backpad, 2 laterals) Helmet Size XXS XS S/M L/XL

Wrist Wraps XS S M L XL Hand Wraps 1 or 2 Bench Seat Bucket Seat
1400 Hip Pad 1400 Head Rest 1400 Full padded back H-Harness: 8 ½ inch 11 ½ inch
Knee separator Knee adductor strap S M L

2701, 20" Wheels **2721**, 24" Wheels Seating: saddle seat Helmet Size XXS XS S/M L/XL

Wrist Wraps XS S M L XL Hand Wraps 1 or 2 Bench Seat
½ Expanding Pedals 2700 Back Support with Pad and 2 Laterals Knee Adductor strap S M L

AmTryke® Assessment Form (must be filled out completely by therapist)

Recipient's Name: _____

Age: _____ Weight: _____ Height: _____

Arm Length and Leg Length Measurements are critical to correct AmTryke® therapeutic tricycle selection. (Sizing charts are available www.ambucs.org) Please complete. Measurements in inches.

Arm Length (shoulder to knuckles) Right: _____ Left: _____

Leg Length (hip to bottom of shoe) Right: _____ Left: _____

Special Consideration, ie: Leg length discrepancy, etc.

Desired outcome or goal:

Therapist Name: _____

Are you the treating therapist for this child? YES NO

Facility Name: _____

Is this Facility an AmTryke Demo Site? YES NO

Facility Address _____

City _____ State _____ Zip _____

Phone: _____ email: _____

Therapists Comments Concerning Child: _____

Therapist Signature: _____ Date: _____

Ship to: _____ Attn: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____

Please return a copy of this completed form to: AMBUCS™ Resource Center PO Box 5127 High Point, NC 27262 Phone Number: 888-AMTRYKE Fax Number: (336) 852-6830 Request form, Assessment form, and Liability waiver are required for AmTryke Placement