

Please fill in as many of the fields below

Client Name:

Date:

Address:

City/Town:

Phone No:

Boy:  Girl:

Age:

Family/Care Giver:

Phone No:

Email:

Physio  Name

O.T.  Email

ACC  Phone No.

Brief Description of Disability:

---



---



---



---

## Please provide measurements for the following

Recumbent	Trike	
		<p><b>INSEAM MEASUREMENT GUIDE TO APROX TRIKE FRAME SIZE</b></p> <p><b>CUSTOM BUILT</b>            16" WHEEL -41CM            20"-46CM            24"-52CM</p> <p><b>ADULT FRAMES</b>            XS -59CM            SMALL -63CM            MEDIUM-67CM            LARGE-73CM            SCHOOL -60CM</p> <p><b>GOMIER</b>            20" WHEEL 590-800            24" WHEEL - 670-860 , CAN BE MORE BY CHANGING STEM ETC</p> <p>Pedal Crank lengths from 75mm to 175mm</p>
<p>Measurement 1 = <input type="text"/></p> <p>Measurement 2 = <input type="text"/></p> <p>Measurement 3 = <input type="text"/></p>	<p>Inseam Measurement (A) = <input type="text"/></p>	

Possible usage:  Town / smooth surfaces  
 (Please Tick)  Country / Off road

OPTIONS:  
(Please Tick)

Tricycle



Recumbent



Upright Model (low step through)



Handcycle



Tandem



Other

Electric Assist     Yes     No

Controls     LHS     RHS

Gearing -  Fixed  
 3 Spd internal hub  
 5 Spd (Coming Soon)  
 7 Spd  
 8 Spd

Brakes -  Back Pedal Rear  
 Hand Operated Rear

Note: All trikes come with front brakes

Toe Clips

Toe Extensions

Back Straps

Stretchy Back Straps

Pedal Units

Calf Supports -  LHS  
 RHS

Funding List -  Yes  
 No

Adjustable Handle Bar Stem

Head Rest

Back Rest (Adams)

Saddle (Comments)

\_\_\_\_\_

\_\_\_\_\_

(Trikes NZ Staff to Fill In)

- Quote No #
- Staff Name -
- Date -
  
- Notes -