THE MOUNT MENTOR EVAL SHEET

**Need help building a mounting system? Please complete the following steps and return to:** info@blueskydesigns.us

Step 1. Complete section A
Step 2. Take photos as described in section B
Step 3. Provide post length determined in section C
Step 4. Complete wheelchair frame information in section D

* We will contact you with a quote. Additional support for installation and use is available via phone, Skype, or email.

**A: Let's get started....first we need some information:**

**Contact Person**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Title</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
</table>

**Attach to: (Check all that apply)**

- Wheelchair (Make/Model)
- Power
  - Power Standing
- Manual
  - With manual w/c does client apply brakes? Y [ ] N [ ]
  - Tilt/Adjustable
    - Do you need to remove both foot rests? Y [ ] N [ ]
- Stroller
- Walker/Gait Trainer
- Bed ✴ Include photos
- Floor Stand [ ] Table [ ]

**Device / Tray**

See website for Device Plate Graph

- SGD or AAC make/model
- If Tobii I-13 or I-16 will the client use IR feature?
- Does Device have QRM/UDS bracket?
- Phone make/model/dimensions
- Tablet-iPad
  - Make: [ ] Model: [ ]
  - Dimensions: [ ]
- Rotate portrait to landscape required?
- Laptop Tray [ ] 12 x 16 Tray
- Require access to more than one device? Y [ ] N [ ]
  - If yes: At the same time [ ] Change as needed [ ]
  - Two Mounts: [ ] one post - (double decker) [ ] two posts

**Client (Optional)**

<table>
<thead>
<tr>
<th>Name/initials</th>
<th>Age</th>
<th>Diagnosis</th>
</tr>
</thead>
</table>

**Client Characteristics**

How does client access their device?
- Direct Select [ ] Switch [ ] Eyegaze/Head Tracker [ ]

If direct select:
- Light touch [ ] Medium touch [ ] Strong touch [ ]

Will the client move it? Y [ ] N [ ]
  - If yes, what arm preference?
    - Left [ ] Right [ ] Both [ ]
    - Can they cross midline? Y [ ] N [ ]

How does client drive Power Wheelchair? (if applicable)
- Hand joystick on: Left [ ] Right [ ]
- Chin joystick [ ] Head array [ ]

Prefer to mount on: Right side [ ] Left side [ ]

Is there an existing tray on w/c? Y [ ] N [ ]

**Preferred Mount(s)**

www.mountnmover.com

- Locking Dual [ ] Single [ ] Tilt’n Turner [ ]
- Non-Locking (adjustable resistance) Dual [ ] Single [ ] Tilt’n Turner [ ]
- Pow!r Mount
  - Pow!r Shoulder [ ] Pow!r Tilt [ ]
- Simple (tray on post)
  - Large [ ] Small [ ]
  - Not sure [ ]

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B  Attaching the Mount’n Mover ..... pictures are very useful!

- Hold the device where you want it in relation to the client
- Move lap belts, blankets etc so the frame is visible
- Please include client in wheelchair.

Components Overview

1. Wheelchair hardware
2. WB2 (wheelchair bracket)
3. Post
4. Arm (single or dual)
5. Device plate or tray

See website for wheelchair examples and more specific information

C  Determining Post Length - A

Posts come in the following sizes:
- 8"
- 12"
- 18"
- 24"
- 36"

Need a custom size? ___________

D  What type of frame do you have?

- □ Permobil Unitrack Frame
- □ Single slide track (Invacare, Quantum, Amy)
- □ Round tubing
  Please measure circumference
  - □ Round tubing with holes

Circumference measurements:
- Horizontal tube __________
- Vertical tube __________

NOTES: ____________________________
______________________________

Measuring your round tubing for correct clamp size

Common Clamp Sizes

<table>
<thead>
<tr>
<th>Circumference</th>
<th>Diameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 3/4”</td>
<td>7/8”</td>
</tr>
<tr>
<td>2 3/8”</td>
<td>3/4”</td>
</tr>
<tr>
<td>3 3/16”</td>
<td>1”</td>
</tr>
<tr>
<td>3 17/32”</td>
<td>1 1/8”</td>
</tr>
<tr>
<td>3 29/32”</td>
<td>1 1/4”</td>
</tr>
<tr>
<td>4 5/16”</td>
<td>1 3/8”</td>
</tr>
</tbody>
</table>

*We can fit many more sizes than shown above. Just tell us your circumference!

See wheelchair mounting guides on our website (www.mountnmover.com)

If you don’t see your chair...call us!