

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 Lets get started....first we need some information:

Contact Person

Organization _____

Name _____

Title _____ Phone # _____

Email _____

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)

Name/initials _____

Age _____ Diagnosis _____

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

If yes, will it need to be used at the same time as the mount? Y N

Will footrests need to be rotated or removed? 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

B *Attaching the Mount'n Mover pictures are very useful!*

Please send JPEGs of each of these views to info@blueskydesigns.us



Angled view



Side view



Front view



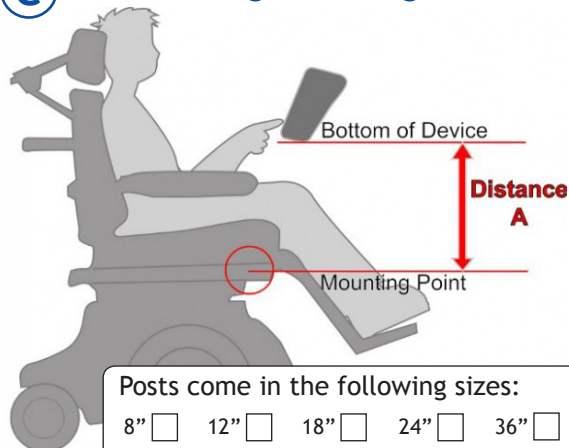
close-up view

Pointers:

- 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.

✳ See website for wheelchair examples and more specific information

C *Determining Post Length - A*



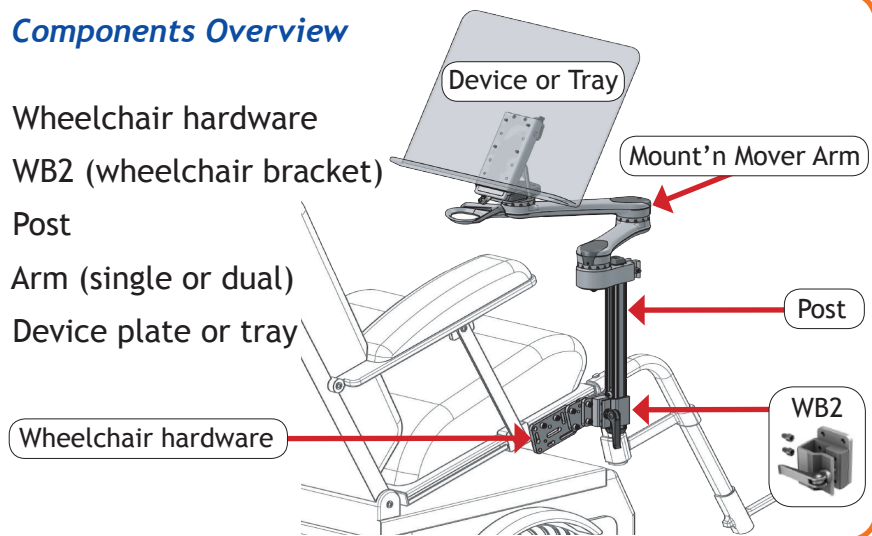
Posts come in the following sizes:

- 8" 12" 18" 24" 36"

Need a custom size? _____"

Components Overview

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



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

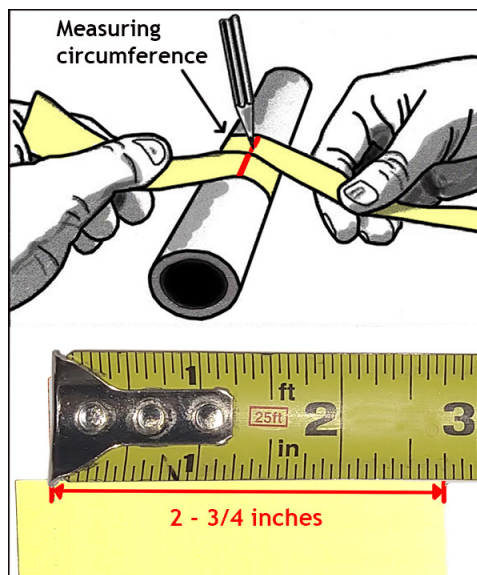
Circumference measurements:

Horizontal tube _____

Vertical tube _____

NOTES: _____

Measuring your round tubing for correct clamp size



Common Clamp Sizes

Circumference	Diameter
2 3/4"	7/8"
2 3/8"	3/4"
3 3/16"	1"
3 17/32"	1 1/8"
3 29/32"	1 1/4"
4 5/16"	1 3/8"

*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!