

TH Steps . CCP

Client's Name _____

SPECIAL NEEDS CAR SEATS

Clients Wt.: _____ Ht.: _____ Dx. _____

Clients diagnostic information pertaining to the underlying diagnosis/condition as well as any other medical diagnosis/conditions, to include the clients overall health status:

A Description of the clients postural condition - head and trunk control and why a booster chair or seat belt will not meet the clients needs (car seat must be able to support the head if head control is poor). _____

The expected long term need for the special needs car seat.

A copy of the manufacturers certification for the installers training to install the specified car seat, (see attached).
