

AMTRYKE® ASSESSMENT FORM (MUST BE FILLED OUT COMPLETELY BY THERAPIST)
Using the list below circle the tryke and accessories needed. (visit www.ambucs.org, to view the products)

Happy Navigator/small bucket seat or **Jumbo**/large bucket seat 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 Vertical Hand Grips Wrist Wraps XS, S, M, L, XL Seat Extender
Toddler Foot-cups Pedal Block (1 equals ½-inch) ____ Hand Wraps 1 or 2 Knee adductor strap S M L

AM-9L Vertical Hand Grips 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

AM-12, AM-16, Seating Option: BUCKET SEAT or SADDLE SEAT/BACK REST

Push Bar Wrist Wraps XS, S, M, L, XL Hand Wraps 1 or 2 Bench Seat
1400 Seatback (includes push bar, back, 2 laterals) 1400 Head Rest 1400 Hip Pad
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

1412 ProSeries Seating Option: BUCKET SEAT or SADDLE SEAT/BACK REST

Wrist Wraps XS, S, M, L, XL Hand Wraps 1 or 2 Bench Seat Bucket Seat
1400 Hip Pad 1400 Head Rest 1400 Seatback (includes push bar, back, 2 laterals)
Knee separator Knee adductor strap S M L

1416 ProSeries (includes saddle seat with 1400 Seatback-push bar, padded back, 2 laterals)

Wrist Wraps XS, S, M, L, XL Hand Wraps 1 or 2 Bench Seat Bucket Seat
1400 Hip Pad 1400 Head Rest Knee separator Knee adductor strap S M L

1420 ProSeries (includes saddle seat with 1400 Seatback-push bar, padded back, 2 laterals)

Wrist Wraps XS, S, M, L, XL Hand Wraps 1 or 2 Bench Seat Bucket Seat
1400 Hip Pad 1400 Head Rest Knee separator Knee adductor strap S M L

2701, 20" Wheel Base (includes saddle seat)

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

2721, 24" Wheel Base (includes saddle seat)

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

AMTRYKE® ASSESSMENT FORM (MUST BE FILLED OUT COMPLETELY BY THERAPIST)
Request form, assessment form, and liability waiver are required for tryke Placement

Child's Name: _____

Ship To: _____ Attn: _____

City/State/Zip _____ Phone #: _____

Age: _____ Weight: _____ Height: _____
Special Consideration, i.e.: Leg length discrepancy, etc.

Desired Goal or Outcome:

Arm Length and Leg Length Measurements are Critical to Correct AmTryke® therapeutic tricycle selection. Please Complete. Measurements in inches.

**Arm Length (shoulder to knuckles) Right: _____ Left: _____
**Leg Length (hip to bottom of shoe) Right: _____ Left: _____

Are you the treating therapist for this child? Yes or No Are you the therapist at the Demo Site? Yes or No
Therapist Name: _____

Demonstration Site Name: _____

(If not a Demo Site) Facility Name _____

Address _____

Phone: _____ Email Address: _____

Therapist Comments Concerning Child: _____

Therapist Signature _____ Date _____

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

Please Complete Reverse Side