

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

Recipient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If Recipient is under 18 years of age Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the Amtryke Therapeutic Tricycle \_\_\_\_\_

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: \_\_\_\_\_

Is financial assistance needed to obtain the Amtryke: Yes or No

How much can you contribute to the purchase: \_\_\_\_\_

Amtrykes are distributed at monthly meetings. Please list which meeting you would be able to attend.

First Wednesday of the month at 12:00 p.m. \_\_\_\_\_

Third Wednesday of the month at 6:00 p.m. \_\_\_\_\_

I agree to "recycle" the tryke for use by another child: Yes \_\_\_\_\_ No \_\_\_\_\_

Tell us about the recipient: \_\_\_\_\_

\_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If possible including a photo of the recipient will help us obtain a sponsor for you or your child's AmTryke

I give my permission for my or my child's picture and personal information to be used in AMBUCS materials to help in obtaining a sponsor for the Amtryke therapeutic tricycle.

Name \_\_\_\_\_ Date \_\_\_\_\_

Amtryke therapeutic tricycles are distributed based on available funds and need, and individual placements of Amtryke therapeutic tricycles are at the discretion of the local chapters.

Please send completed application to: Greenebucs Chapter National Ambucs

Joyce Peet  
2498 Dayton-Xenia Rd.  
Beavercreek, Ohio 45434  
Phone: 937-427-1919  
Fax: 937-427-1949  
[www.greenebucs.org](http://www.greenebucs.org)

Amtryke Request, assessment form and parent/guardian waiver must be received to place recipient on wish list.

**AmTryke® Assessment Form** (must be filled out completely by therapist)

Recipient's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ inches

Arm Length and Leg Length Measurements are critical to correct AmTryke® therapeutic tricycle selection. (Sizing charts are available [www.ambucs.org](http://www.ambucs.org)) Please complete.

Arm Length (shoulder to mid knuckles) Right: \_\_\_\_\_ inches Left: \_\_\_\_\_ inches

Leg Length (inseam to bottom of shoe) Right: \_\_\_\_\_ inches Left: \_\_\_\_\_ inches

Head Circumference: \_\_\_\_\_ inches (helmet)

Special Consideration such as Leg length discrepancy, etc \_\_\_\_\_

\_\_\_\_\_

Desired outcome or goal: \_\_\_\_\_

\_\_\_\_\_

Therapist Name: \_\_\_\_\_

Are you the treating therapist for this recipient? Yes or No

Facility Name: \_\_\_\_\_

Is this Facility an AmTryke Demo Site? Yes or No

Facility Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Therapists Comments Concerning Recipient: \_\_\_\_\_

\_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_

Request form, Assessment form and Liability waiver are required for AmTryke Placement

**Please return a copy of completed forms to:**

**Therapy Connections**  
2498 Dayton-Xenia Rd.  
Beavercreek, OH 45434  
Phone: 937-427-1919  
Fax: 937-427-1949

## AMTRYKE® ASSESSMENT FORM

Using the list below circle the tryke and accessories needed. View the products visit [www.ambucs.org](http://www.ambucs.org)

Name: \_\_\_\_\_

**AM-9XS** with seat extender plate and 2 ½ inch crank arms      **AM-9S** small bucket seat  
Wrist Wraps (pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL    Hand Wrap: 1 or 2  
Toddler Foot-cups (pr)      Pedal Block (1 equals ¾-inch) \_\_\_\_\_    Knee adductor strap: S M L Vertical Hand Grips (pr)  
Seat Extender Plate      2 ½ inch crank arms (pr)    Pull/Steering bar Pedal Leveler Pulley      Snappy Seat

**AM-12** (12" front wheel hand and foot tryke)    **OR**    **AM-16** (16" front wheel hand and foot tryke)

Choose Seating Option: **SADDLE SEAT/BACK REST**      **OR**      **BUCKET SEAT**  
Wrist Wrap(pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL    Hand Wrap: 1 or 2  
1400 ProSeries Seatback (includes push grip, backpad, 2 laterals)    1400 ProSeries Head Rest    1400 ProSeries Lumbar Pad  
1400 ProSeries Full padded back    H-Harness: 8 1/2 inch 11 ½ inch    Full Padded back spacer kit  
Pedal Block (1 equals ¾-inch) \_\_\_\_\_    Medium or Large Foot-cup(pr)    Knee separator Knee separator 9" extender tube  
Knee adductor strap: S M L    Vertical Hand Grips(pr)    Stationary Foot Platform    Push Bar    HeavyDuty Push Bar  
Pull/Steering Bar    Pedal Leveler Toe Pulley    Snappy Seat (AM-12 only)    Bench Seat

**SNAPPY** (12" front wheel foot tryke)

Wrist Wrap (pr): XXS XS S M L XL      Wrist Brace Mitt: Right or Left XXS XS S M L XL  
Knee adductor strap: S M L    H-Harness: 8 1/2 inch    Laterals    Pull/Steering Bar    Push Bar  
Heavy Duty Push Bar Pedal Block (1 equals ¾-inch) \_\_\_\_\_

**1412 ProSeries** (12" wheel foot tryke)

Choose Seating Option: **SADDLE SEAT/PLASTIC BACK REST WITH CHEST STRAPS** **OR** **BUCKET SEAT**  
Wrist Wrap(pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL  
1400 ProSeries Seatback (includes push grip, backpad, 2 laterals)    1400 ProSeries Head Rest    1400 ProSeries Lumbar Pad  
1400 ProSeries Full padded back    H-Harness: 8 1/2 inch 11 1/2 inch    Full Padded back spacer kit  
Knee separator    Knee adductor strap: S L Pedal Leveler    Toe Pulley    Pull/Steering Bar    Push Bar    HeavyDuty Push Bar

**1416 ProSeries** (16" wheel foot tryke)      **1420 ProSeries** (20" wheel foot tryke)

Seating : saddle seat with 1400 ProSeries Seatback-(includes push grip, backpad, 2 laterals)  
Wrist Wrap(pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL    Bench Seat Bucket Seat  
Padded tractor seat with bracket    Padded wheel chair seat (1420 only)    1400 ProSeries Lumbar Pad    1400 ProSeries  
Head Rest 1400 ProSeries Full padded back    H-Harness: 8 ½ inch 11 ½ inch    Full Padded back spacer kit    Knee separator  
Knee separator 9" extender tube    Knee adductor strap: S M L    Pedal Leveler Toe Pulley    Pull/Steering bar  
Push Bar HeavyDuty Push Bar

**2701**, 20" Wheels      **2721**, 24" Wheels      Seating: saddle seat

Wrist Wrap(pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL  
½ Expanding Pedals(pr)    2700 Back Support with Pad and 2 Laterals    Knee Adductor strap S M L    ½ Exercise Pedals(pr)  
Padded tractor seat with bracket Bench    Seat 1400 ProSeries Handle Bar

**1424 Community Cruiser** (24" front wheel 3 speed hand cycle)

Wrist Wrap(pr): XXS XS S M L XL    Wrist Brace Mitt: Right or Left XXS XS S M L XL  
1400 Seatback set with saddle seat Padded tractor seat with bracket

**HP1000** (24" front wheel 7 speed disc brake hand cycle)