

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) 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