

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 knuckles) Right: _____ inches Left: _____ inches

Leg Length (hip to bottom of shoe) Right: _____ inches Left: _____ inches

Head Circumference: _____ inches (helmet)

Special Consideration, ie: Leg length discrepancy, etc.

Desired outcome or goal:

Therapist Name: _____

Are you the treating therapist for this recipient? YES NO

Facility Name: _____

Is this Facility an AmTryke Demo Site? YES NO

Facility Address _____

City _____ State _____ Zip _____

Phone: _____ email: _____

Therapists Comments Concerning Recipient: _____

Therapist Signature: _____ Date: _____

Ship to: _____ Attn: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____

Please return a copy of this completed form to: The Little Red Dog Foundation * 41 Newpoint Road * Beaufort, SC 29907
Phone Number: (834) 522 -8019 **Note: Request form, Assessment form, and Liability waiver are required for AmTryke Placement**

Please Complete Reverse Side