

Adaptive Tricycle Supplemental Information Form

Note: The Dake Foundation has an adaptive bike loaner program in which we would accept a gently used bike back from a grant recipient once it has been outgrown. We ask that you consider donating your bike back to the foundation to further its benefit to other children.

Child's Name: _____ DOB: _____

Age: _____ Inseam _____ Height _____ Weight _____

Inseam Measurements:



The client's extended leg should reach comfortably from seat to pedal when both feet and torso are strapped into place.

Barriers to Independent Cycling: Please check all that apply and describe

Range of Motion Spasticity Strength Endurance

Cognition Vision Hearing Balance Seizures

Motivation Coordination Other: _____

Describe: _____

Type of Adaptive Bike requested: _____

Maker: _____

Size: _____

Other specifics/components: _____

Form completed by: _____

Contact Information: _____