	Work Order:
pair T	riage Questions:
1.	(power / manual) Is your chair currently operational? Y / N
2.	Do you have a back-up chair? Y / N
3.	(power / manual) What is the problem with your wheelchair?
4.	(power / manual) When was the last time your wheelchair worked correctly?
5.	(power / manual) What, if anything, happened between when it was working and when it stopped?
6.	(power only) When was the wheelchair charged last?
7.	(power only) Is the wheelchair plugged into the charger?
8.	(power only) Do any lights appear on your charger? Y / N
9.	(power only) Is the charger plugged into the wall (Charges should always be plugged directly into the wall, no ext. cords or power strips)? Y/N
10.	(power only) Are there any lights flashing on the joystick? Y / N How many lights? # of flashes
11.	(power only) Are there any solid lights on the joystick? Y / N How many? What colors?
12.	(power only) Are there any error codes or foreign symbols appearing on the joystick display? If yes, what are they?
13.	(power / manual) Are there any other basic issues with your chair (Balding tires or casters, torn arm pads, loose hardware etc.)?
14.	(power / manual) Additional Comments:
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Patient Name: