

# Custom Sling Design Script



Date \_\_\_\_\_ Therapist \_\_\_\_\_ Therapists Email: \_\_\_\_\_

Client's Name \_\_\_\_\_ NDIS # \_\_\_\_\_ DOB \_\_\_\_\_

**1. CHOOSE A BASE SLING DESIGN** (recommended) plus your preferred fixing.

Base Sling Design	Loop	Clip	Universal	Dual (Clip)	Dual (E-Clip)
General Purpose					
General Purpose Head Support					
Care					
Care Head Support					
Junior					
Amputee					
Deluxe Leg					
Walking					
Pivot					
Pivot Care					
Standing Transfer					
Super Soft					
Other (please specify sling design)					

**2. CHOOSE A BASE SLING SIZE** (If you have selected "Other", please provide generic dimensions (A-D) plus any other relevant dimensions in the sketch box provided on the next page.)

Base Sling Size					
Extra Small		Small		Medium	
Large		Extra Large		XX Large	
Other					

**3. CHOOSE A STANDARD MODIFICATION**

**MOD 001** - add/change torso belt

Torso Belt (come standard with care sling)					
Buckle		Neoprene/Buckle Over		Custom Length	
Velcro		Neoprene/Velcro		Custom Width	
Comment					

**MOD 002** - add/reduce head support

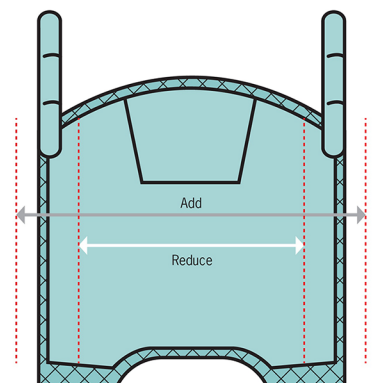
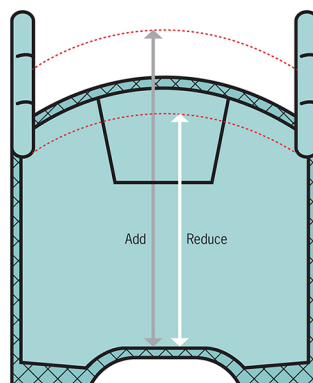
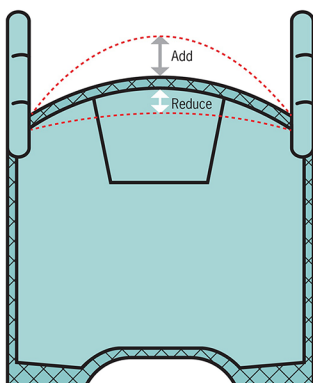
Head Support	
Add Head Support	cm
Reduce Head Support	cm

**MOD 003** - add/reduce body length

Body Length	
Add Body Length	cm
Reduce Body Length	cm

**MOD 004** - add/reduce body width

Body Width	
Add Body Width	cm
Reduce Body Width	cm



**NB** - Body width adjustment will not affect generic external profile of sling.

