



AmTryke Assessment Form
To Be Completed By A Qualified Therapist

Child's Name: _____
Parent/Guardian: _____
Relationship: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____
Other Phone: _____
Email Address: _____

Recipient Information

Age: _____ Date of Birth: _____
Weight: _____ Height: _____
Child Ambulatory: _____ With Assistance: _____ Non-Ambulatory: _____

Disability or Special Consideration, Leg Length Discrepancy:



Desired Goal or Outcome:

Arm Length: (axilla to finger tip)

Right _____ Left _____

Leg Length: (inner groin to bottom of feet)

Right _____ Left _____

Head Control:	Poor _____	Fair _____	Normal _____
Trunk Control:	Poor _____	Fair _____	Normal _____
Hand Control:	Poor _____	Fair _____	Normal _____
Tone:	Low _____	High _____	Normal _____

Will there be follow-up visits with a therapist? Yes No

Frequency: _____

Therapist: _____

Address: _____

City, State, Zip _____

Phone: _____

Best Time to Reach: _____

Please return completed form to:

Springfield AMBUCS
c/o Susie Jackson
264 N. Koke Mill
Springfield, IL 62711
217 241-0202 office
217 726-6239 home
217 241-4202 fax
susan@garrisongroupinc.com

Toddler: Approximate Age 1-4 \$322.
Inseam of 15-18 inches in length
Regular: Approximate Age 4-8 \$532.
Inseam of 17-22 inches in length
All Terrain: Approximate Age 7-12 \$632.
Inseam of 19-24 inches in length
Large: Approximate Age 7 and up \$532.
Inseam of 21-32 inches in length