

# Specifications for Wash Dry Toilet

## HULL CITY COUNCIL

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form  
(Adaptations to Council Dwelling / Disabled Facilities Grant)  
on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

### Details

Customer name:

Address:

Contact details:

Weight:

kg

OR

st

lbs

Height:

cm

OR

ft

inches

### Seat

Height

Standard

Bespoke

mm

### Type

Standard

Padded / Soft

Horseshoe

Bariatric (Big John)

Armrests required

Yes

No

Seat riser required

Yes

No

Lateral body supports required

Yes

No

To be used with shower chair

Yes

No

Transfer method

Stand and turn

Sliding from wheelchair

Minimum distance of back of seat from wall

mm

### Essential Controls

Mounted

Left

Right

Floor

Infra-red

Remote control

**Additional Information**

**Completed by**

Name:  Contact Number:  Ext:  Date:

**Approval by Social Services OT (for social services OT approver use only)**

Name:  Contact Number:  Ext:  Date: