|  |  |
| --- | --- |
| Name of Person Using the Service:      DOB:     Establishment Address:                      | Place of Assessment:     Height:     Weight:      State if:  |

With the person using the service, please consider by ticking and commenting, where appropriate if any of the following factors need to be taken into account, when assistance to move is required. Refer to Care Plan for further information

|  |  |
| --- | --- |
| **Assessment No:** | **Fully Independent Yes** **[ ]  No** **[ ]**  |
| [ ] 1.Communication[ ] 2.Comprehension[ ] 3.Sight/hearing[ ] 4.Appropriate behaviour[ ] 5.History of falls/seizures[ ] 6.Medication | [ ] 7.Sitting balance[ ] 8.Sitting to stand[ ] 9.Weight bearing [ ] 10.Walking[ ] 11.Upper limb strength[ ] 12.Head control | [ ] 13.Range of joint movement[ ] 14.Muscle power/tone[ ] 15.Involuntary movement[ ] 16.Supports attachments[ ] 17.Pain[ ] 18.Skin condition[ ] 19.Other |
| Comments: **People involved in the assessment:**  |
| Assessors Name |  | Assessors Designation |  |
| Assessors Signature |  | Date of Assessment |  |

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| --- |
| Name of Person Using the Service:  |
| Assessment Criteria:      | Assessment No:        |
|  | Date:      |
| SIT/STAND | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| SIT/SIT | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| ASSISTANCE TO USE THE TOILET | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| WALKING | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| MOVING UP/DOWN BED | Not applicable[ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |

|  |  |
| --- | --- |
| TURNING IN BED | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| IN/OUT BED | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| BATHING/SHOWERING | Not applicable [ ]   |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| FIRE EVACUATION | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 | Follow PEEPS procedure  |
| FALLS  | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * Equipment
 |       |
| * Method
 |       |

|  |  |
| --- | --- |
| TASK      | Not applicable [ ]  |
| * Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No [ ]   |
| TASK      | Not applicable [ ]  |
| * + Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 | Yes [ ]  No[ ]  |
| TASK      | Not applicable [ ]  |
| * + Independent?
 | Yes[ ]  | No[ ]  |
| * + No. Carers
 | 1[ ]  2[ ]  3[ ]  4[ ]  |
| * + Equipment
 |       |
| * + Method
 |       |
| * + Variance
 |  Yes [ ]  No[ ]  |

|  |
| --- |
| **HOIST DETAILS** |
| HOISTDETAILS | Make |       |
|  | Model |       |
|  | Type(Tick) | Mobile[ ]  | Fixed[ ]  |
|  |  | Standing[ ]  | Gantry[ ]  |
| SLING DETAILS | Type | Explain loop or clip arrangement:      |
|  | Size e.g. S, M, L, XL, XXL |  |
| **HOIST DETAILS** |
| HOISTDETAILS | Make |       |
|  | Model |       |
|  | Type(Tick) | Mobile[ ]  | Fixed[ ]  |
|  |  | Standing[ ]  | Gantry[ ]  |
| SLING DETAILS | Type | Explain loop or clip arrangement:      |
|  | Size e.g. S, M, L, XL, XXL |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor Name** | **Designation** | **Signature** | **Date** |
|       |       |       |       |