**Children and Adults**

Car hoist and wheelchair carrier assessment form

| Client Name: |  | Sex: 🞏 M 🞏 F | 🞏 Other |  | DOB: |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: |  | Phone No: |  |
| Clinician: |  | Division: |  | Date: |  |
| People consulted: |  |

**MEDICAL HISTORY**

| Diagnosis/Prognosis: |  |
| --- | --- |
|  |
| Pain: |  |
| Height: |  | Weight: |  |  |
| What type of wheelchair is to be carried in the carrier: |  |
|  |
| Will the client have a carer with them? 🞏 Yes 🞏 No |  |
|  |
| Is the carer able to assist the client at both ends of the trip? Yes No |
| Environments where carrier will need to be loaded/unloaded:  |  |
|  |
|  |
|  |

**TRANSFERS/MOBILITY**

|  |  |
| --- | --- |
| Ambulation status:  |  |
| Transfer in/out of car:  |  |
|  |
|  |
| How does the client manage the wheelchair/scooter?  |  |
|  |
| Carer needs in assisting client: |  |
|  |
|  |

**CLIENT GOALS and CONCERNS**

|  |
| --- |
|  |
|  |

**ADDITIONAL NOTES/SUMMARY**

| Period of Use: |
| --- |
|  |
|  |
|  |
|  |
| Short Term Plan(s): | 🞏 Trial Equipment : |  |
| Date/Place: |  |
| 🞏 Obtain further info. |  |
| 🞏 Other:  |  |

| Info given to client: | 🞏 Terms and Conditions on delivery of equipment🞏 Other:  |
| --- | --- |
|  |

| **Clinician’s Name:** |  |  |  |
| --- | --- | --- | --- |
| **Clinician’s Signature:****Therapist’s Signature:** |  | **Date:** |  |