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| **STAIR LIFT ASSESSMENT** | |
| Client Name: | Date of Birth: |
| Occupational Therapist: | Date of Ax: |
| **Reason for Referral:** | |
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| **Goals:** | |
| 🞏 Improve access within home environment  🞏 Ability to access community  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Social Situation:🞏 Lives alone 🞏 With spouse 🞏 With family | |
| Funding:🞏 CHSP 🞏 HCP 🞏 Private  *Do they hold a:* 🞏 Full Pension 🞏 Part Pension 🞏 DVA Gold Card | |
| **Medical History:** | |
|  | |
| **Falls History:** | |
|  | |

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| **Mobility:** | | |
| *Level of Assist:*   * Independent * Supervision * 1x A * 2x A | *Aids:*   * 🞏 Unaided * 🞏 WS * 🞏 4WW * 🞏 Forearm support frame * 🞏 MWC * 🞏 PWC | |
| **Anthropometrics:** | | |
| 1  4  2  3 | | User Height: \_\_\_\_\_\_\_\_cm  User Weight: \_\_\_\_\_\_\_\_kg   1. Seat to top of head: \_\_\_\_\_\_\_\_mm 2. Back to Knee: \_\_\_\_\_\_\_\_mm 3. Popliteal Height: \_\_\_\_\_\_\_\_mm 4. Back to Toe: \_\_\_\_\_\_\_\_mm |
| **Function:** | | |
| Time taken to ascend stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time taken to descend stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Dexterity:** | | |
| 🞏 Client can operate stair lift independently  🞏 Manual footplate and swivel | 🞏 Assistance required to operate stair lift  🞏 Automatic footplate and swivel required | |

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| **Cognition:** | |
| 🞏 Intact 🞏 Dementia 🞏 Other cognitive impairment  Specify:  Is trial required?  Is there someone else who can operate the stair lift? | |
| **HOME ENVIRONMENT** | |
| **Home Description:** | |
| 🞏 Privately owned  🞏 Rental 🡺 Gain approval  🞏 Dept. of Housing 🡺 Send referral to DOH | |
| **Site Details:** | |
| *Location of Stairs:*  🞏 Front 🞏 Rear 🞏 Internal  *Number of Steps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Staircase is:*  🞏 Straight 🞏 Curved 🞏 Outdoor  *Material:*  🞏 Wood 🞏 Concrete 🞏 Tile  🞏 Marble 🞏 Granite 🞏 Steel 🞏 Carpet  *Is there a powerpoint within 5m of stairs?*  🞏 Yes 🞏 No – one needs to be installed  *Location of powerpoint:*  🞏 Top of stairs 🞏 Bottom of stairs  🞏 Under stairs 🞏 Next room | *Length of Staircase: \_\_\_\_\_\_\_\_\_\_\_\_\_mm*  *Width of Staircase: \_\_\_\_\_\_\_\_\_\_\_\_\_mm*  *Clearance at base of stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_mm*  *Clearance at top of stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm* |

*\*****ATTACH IMAGES AT BASE OF FORM.***

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| **Additional Comments:** | |
|  | |
| **OT Recommendations:** | |
| 🞏 Stair lift is recommended  🞏 Stair lift is not recommended  🞏 Alternative: | |
| **Therapist:** | **Signature:** |
| **Date:** | |

**Images of Environment:**