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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:** |
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| **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:** |
| 1423 | User Height: \_\_\_\_\_\_\_\_cmUser Weight: \_\_\_\_\_\_\_\_kg1. 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 impairmentSpecify: 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:**