**Request for Provision of Equipment**

**Risk Assessment Form**

**CONFIDENTIAL**

**This form should be completed if, following your assessment, you think that it is likely that by using appropriate equipment hazardous manual handling can be avoided.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Service User** | |  | | **NHS No.** | |  |
| **Address of Service User** | |  | | | | |
|  | | | | | | |
| **Post Code** |  | | **Telephone no.** | |  | |
| **Date of Birth** |  | | **Date of Assessment** | |  | |
| **GP/ Health Centre** | | | | | | |
| **Tenure of property (e.g. owner occupied, housing association (name), private landlord). This information is required for any minor adaptations e.g. grab rails:** | | | | | | |
| **Medical history/symptoms:** | | | | | | |

**Personal Information (Please X or highlight the relevant box)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of Confusion** | Never | Rarely | Sometimes | Often |  |
|  | | | | | |
| **Continence** | Always Continent | Urine | Doubly | Catheterised |  |
|  | | | | | |
| **Weight\*(approximate)** |  |  |  |  |  |
|  | | | | | |
| **Height\* (approximate)** |  | |  | | |
|  | | | | | |
| **Mobility** | zimmer | wheelchair | walking stick | physical assistance |  |
| **Transfers** | With 1 person | With 2 people | With equipment (please specify what equipment) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
|  | | | | |
| **Skin integrity/pressure sores (if yes, please indicate where these are present)** |  |  |  |  |
| **Does the individual have a risk assessment in place for visits? If yes, please attach.** | Yes | No |  |  |
| **Are there any issues with the individual’s behaviour? If yes, please provide details.** | Yes | No |  |  |
| **Are there any other professionals currently involved? Please state role.** | Yes | No |  |  |

\*mandatory information required

Section 2 (on the reverse of this form) **must be completed by an appropriate professional as defined by the Care Quality Commission, in relation to the provision of Hoists, Slings and Manual Handling Equipment.**

**Please be advised, if mobility aids are required, contact the GP for a physiotherapy assessment.**

**Section 2**

**Hoist requirements**

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| Type of Hoist required: |
|  |
| Type of Sling required\*: |
|  |
| Size of sling required\*: |
|  |

**Sling Requirements Only**

Is special sling required because of:

Amputation (legs) Double Single Above Knee Below Knee

**Small Handling and other Equipment**

|  |
| --- |
| **Handling Belt (universal size)** 🞏  **Slide Sheet** Small 🞏 Medium 🞏 Large 🞏 Extra Large 🞏  **Flat slide sheet x 2**  **Sliding Board** Straight 🞏 Curved 🞏 Extra Large 🞏 (please note straight and extra large boards are special orders)  **Commode** Standard Glideabout Extra wide |

|  |
| --- |
| **Specialist Moving and Handling equipment e.g. Etac, Stand Aids** |
| Please state what you require and why?  Please provide information regarding the environment e.g. furniture in place, available space? |

**You must complete this section**

Please explain your reasoning for the request.

|  |
| --- |
| What is the difficulty or what is causing the difficulty you are having? |
| What have you considered to resolve it? |
| How will this equipment benefit the carers and client? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Assessor:** |  | **Organisation**  **Telephone Number:** |  |
| **Signature:** |  | **Date:** |  |
| **Provider**  **Organisation:** |  | **Review date**  **if relevant:** |  |

For **Equipment Requests** please send completed form to[**otmovingandhandling@bradford.gov.uk**](mailto:otmovingandhandling@bradford.gov.uk)

**All equipment loaned remains the property of City of Bradford Metropolitan District Council and should not be used for any other purpose than the provision of services to the named person on this form. The Council reserves the Right to make periodic checks of the use of any equipment loaned.**