**REQUEST FOR THE PROVISION OF EQUIPMENT/ ASSESSMENT FORM**

**CONFIDENTIAL**

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| --- | --- | --- | --- |
| Name of Service User |  | **NHS No.** |  |
| **Address of Service User** |  |
|  |
| **Post Code** |  | **Telephone no.** |  |
| **Date of Birth** |  | **Date of Assessment** |  |
| **GP/ Health Centre**  |

**This form should be completed if the initial needs assessment indicates that it is reasonably practicable to**

**avoid hazardous manual handling by using appropriate equipment.**

**PERSONAL DETAILS (Please circle/highlight)**

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| --- |
| **Level of Confusion: Never Rarely Sometimes Often**  |

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| --- |
| **Continence: Always Continent Urine Doubly Catherterised** |

|  |  |
| --- | --- |
| **Weight: More than 25st 20 – 25st**  |  **15 – 20st 10-15st below 8st** |
| **Height:**  |  |

|  |
| --- |
| **Wheelchair user: Never Sometimes Often Always**  |

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| --- |
| **Pain: Never an issue Rarely an issue Sometimes Often an issue** |

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| **Behaviour: Never an issue Rarely an issue Sometimes Often an issue** |

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| **Body Shape: Never an issue Rarely an issue Sometimes Often an issue** |

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| **Skin: Never an issue Rarely an issue Sometimes Often an issue** |

**SECTION 2**

**To be completed by an appropriate professional as defined by the Commission of Social Care**

**Inspection in relation to the provision of Hoists, Slings and Manual Handling Equipment.**



**SLING REQUIREMENTS ONLY**

**Is special sling required because of**

**Amputation (legs) Double Single**

 **Yes No**

**Skin Condition**

**Pressure Ulcers**

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| **Clinical Reasoning:** |
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| --- |
| **Type of Hoist required:** |
|  |
| **Type and size of Sling required:** |
|  |

|  |
| --- |
| **Small Handling Equipment:** |
| **Handling Belt Small □ Medium □ Large □****Sliding Sheet Small □ Medium □ Large □ Extra Large □****Sliding Board Straight □ Curved □ Extra Large □** |

|  |
| --- |
| **Specialist Moving and Handling equipment eg Rota Stands, Stand Aids** |
| **Please state what you require and why:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Assessor**  |  | **Organisation Ph.No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Organisation:** |  | **Review date if relevant:**  |  |

**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 a specified**

**named service user. The Council reserves the Right to make periodic checks of the use of any equipment loaned.**