## 1. Information about the person

| First name: |  | Family name: |  | Gender: | Male $\square$ | Female $\square \quad$ Other $\square$ |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Age: | $0-5 \square$ | $6-18 \square$ | $19-39 \square$ | $40-54 \square$ | $55+\square$ | Telephone: |  |
| Address: |  |  |  |  |  |  |  |

## 2. Assessment interview

| Thinking skills |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Do you have difficulties with planning and remembering? |  |  | No $\square \longrightarrow$ Move to vision skills. |  |  |
|  |  |  | Yes $\square \longrightarrow$ Complete thinking skills questions, then move to vision skills. |  |  |
| Do you have: | Difficulty planning what you are going to wear? |  |  | Yes $\square$ | If yes to any $\rightarrow$ Other assistive products for thinking skills may help. Assess for other assistive products and/or $\overbrace{3}$ Refer to a rehabilitation service. |
|  | Difficulty putting clothes on in the right order and the right way? |  |  | Yes $\square$ |  |
|  | Difficulty remembering to get dressed? |  |  | Yes $\square$ |  |
| Vision skills |  |  |  |  |  |
| Do you have difficulties with vision? |  | No $\square \rightarrow$ Move to physical skills. |  |  |  |
|  |  | Yes $\square \rightarrow$ Complete vision skills questions, then move to physical skills. |  |  |  |
| Do you have: | Difficulty finding and selecting clothes to wear? |  |  | Yes $\square$ | If yes to any $\int$ Refer to a vision or rehabilitation service. |
|  | Difficulty seeing the right way to put clothes on? |  |  | ? Yes $\square$ |  |
| Physical skills |  |  |  |  |  |
| Do you have difficulties with physical activities? |  |  | No $\square \rightarrow$ Move to plan. |  |  |
|  |  |  | Yes $\square \rightarrow$ Complete physical skills questions, then move to plan. |  |  |
| Do you have: | Difficulty lifting or moving your leg/s? |  |  | Yes $\square$ | If yes to any $\longrightarrow$ Dressing aids may help. Refer to selection table. <br> If dressing aids do not help ? Refer to a rehabilitation service. |
|  | Difficulty lifting or moving one arm? |  |  | Yes $\square$ |  |
|  | Difficulty lifting or moving both arms? |  |  | Yes $\square$ | If yes $\rightarrow$ Dressing aids may not help C Refer to a rehabilitation service. |
|  | Difficulty using your hands to do up / undo fasteners such as zips and buttons? |  |  | Yes $\square$ | If yes to any $\rightarrow$ Dressing aids may help. Refer to selection table. <br> If dressing aids do not help $\mathcal{C}_{3}$ Refer to a rehabilitation service. |
|  | Difficulty reaching for and picking up clothes or shoes? |  |  | Yes $\square$ |  |
|  | Difficulty leaning forward to pull on or pull off clothes or shoes? |  |  | Yes $\square$ |  |
|  | Difficulty with balance? |  |  | Yes $\square$ |  |

## 3. Plan

| Select dressing <br> aid/s: | Button hook and zip puller $\square \quad$ Reach and grab tool $\square$ <br> Dressing stick $\square \quad$ Sock aid $\square \quad$ Long handle shoe horn $\square$ | Follow up date: $\theta$ |
| :--- | :--- | :--- |
| Teach about: | Change dressing position: Sitting $\square \quad$ Lying $\square$ |  |
|  | Change how to get dressed or undressed $\square$ |  |
| Refer: | Rehabilitation service $\square \quad$ Vision service $\square \quad$ Other assistive product $\square$ |  |



