

## 1. Information about the person

First name:		Family name:		Weight:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Age:	0-5 <input type="checkbox"/> 6-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55+ <input type="checkbox"/>		
Telephone:		Address:			

## 2. Assessment interview

<b>Pressure wounds</b>		<b>Yes</b>		
Do you have pressure wounds on your body (such as hips/buttocks/back?)		<input type="checkbox"/>	→ Advise to avoid pressure on wound and Refer to health professional for wound care.	
<b>Ability to transfer</b>		<b>Yes</b>		
Do you have difficulty standing or are you not able to stand?		<input type="checkbox"/>	<b>If yes to any →</b> A transfer board may assist	
Do you have pain when transferring?		<input type="checkbox"/>		
Do you worry about falling or have you fallen more than once in the past year?		<input type="checkbox"/>		
<b>Ability when sitting</b>		<b>Yes</b>	<b>No</b>	
Can you sit without support and not worry about falling?	<input type="checkbox"/>	<b>If yes to all → Teach:</b> Transfer without assistance	<input type="checkbox"/>	<b>If no to any → Ask:</b> Is a caregiver or family member available? Yes <input type="checkbox"/> → Involve caregiver No <input type="checkbox"/> → Refer to rehabilitation service
Can you lean to the side with one hand for support and use the other hand to position the transfer board?	<input type="checkbox"/>		<input type="checkbox"/>	
Can you lean forward comfortably?	<input type="checkbox"/>		<input type="checkbox"/>	
Can you push through your hands to shift weight off your buttocks?	<input type="checkbox"/>		<input type="checkbox"/>	
Can you easily remember and follow instructions?	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Environment</b>				
Where do you have difficulty moving to/from?		Bed <input type="checkbox"/> Chair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Vehicle <input type="checkbox"/> Shower chair <input type="checkbox"/> Toilet / Toilet chair <input type="checkbox"/>		→ <b>Teach:</b> Practice transfers in this environment/s and discuss where to store for easy access
Can the transfer board be positioned between surfaces?	Yes <input type="checkbox"/>	<b>If yes to both →</b> Continue assessment	No <input type="checkbox"/>	→ <b>Check:</b> Shape and length of transfer board is suitable
Is the height between surfaces the same or similar?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	→ <b>Check:</b> Is it possible to make both surfaces the same height? → If surfaces cannot be adjusted, consider other assistive products (toilet chair/bed raisers/grab bars)
<b>Additional information</b> (only ask if person has a wheelchair, toilet chair or shower chair)		<b>Yes</b>	<b>No</b>	
Does your wheelchair and/or toilet chair and/or shower chair have a removable armrest?		<input type="checkbox"/>	<b>If yes to both →</b> Straight or shaped transfer board	<b>If no to any →</b> Shaped transfer board if available or can be made
Are your wheelchair brake handles below the top of the wheelchair cushion?		<input type="checkbox"/>		

## 3. Plan

<b>Provide transfer board</b>	Yes → Straight board <input type="checkbox"/> Shaped board <input type="checkbox"/> No <input type="checkbox"/>	Weight limit:	
<b>Teach</b>	How to safely transfer <input type="checkbox"/> To check skin regularly <input type="checkbox"/> <b>To/ From:</b> Bed <input type="checkbox"/> Chair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Toilet / Toilet chair <input type="checkbox"/> Vehicle <input type="checkbox"/> Shower chair <input type="checkbox"/> <b>Transfer:</b> Without assistance <input type="checkbox"/> With assistance <input type="checkbox"/>		
<b>Screen or refer to:</b>	Health professional (wound care) <input type="checkbox"/> Rehabilitation service <input type="checkbox"/> Other assistive products <input type="checkbox"/> Other: <input type="text"/>		Follow up date: <input type="text"/>