Screening form: Mobility assistive products

TAP

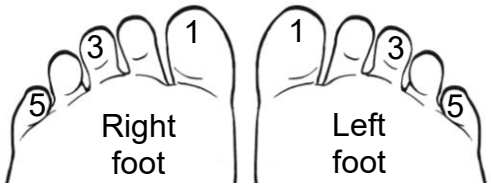
1. Information about the person

First name:		Family name:		Gender:	Male ☐ Female ☐ Other ☐
Age:	0-5 ☐ 6-18 ☐ 19-39 ☐ 40-54 ☐ 55+ ☐			Telephone:	
Address:					

2. Simple mobility and health risk check

Ask the following questions				
Loss of mobility	Has your mobility reduced a lot in the past three months?	Yes ☐ ☞ Refer to health service		No ☐
Children's mobility	Is the child two years or more and not able to walk?	Yes ☐ ☞ Refer to rehabilitation service		No ☐
Risk of falling	Do you worry about falling, or have you fallen more than once in the past year?	Yes ☐ ☞ Refer to rehabilitation service → Screen for assistive product		No ☐
Pressure wounds	Do you have a pressure wound on your body (such as hips, buttocks, back)?	Yes ☐ → Advise to avoid pressure on wound ☞ Refer to health service for wound care		No ☐
Risk of foot wound	Have you had:	Foot wound ☐ Amputation ☐		**If any** → Complete foot screen below
	Do you have:	Foot wound, injury or swelling ☐ Diabetes ☐ Leprosy ☐ Heart and/or kidney disease ☐	**If any** → Check person is visiting health service regularly. If not ☞ Refer	
	Do you:	Smoke ☐ Drink alcohol (a lot) ☐ Often walk barefoot ☐		

3. Foot screen (complete if person answers yes to any risk of foot wound questions)

Check appearance: Look closely at the top and bottom of the person's feet and between their toes		
Has the person had before:	Foot wound ☐ Toe, foot or leg amputation ☐	**If any** → High risk sign ☐
Does the person have now:	Toe, foot or leg wound or injury ☐	
Is either foot:	Red ☐ Hot to touch ☐ Swollen ☐	
Can you see any:	Skin/nail problems ☐ Unusual shape of foot/toes ☐	→ Risk sign ☐
Check blood flow		
Can you see signs of reduced blood flow:	Ankle or foot swelling ☐ No hair on feet or toes ☐ Cold or pale foot ☐	**If any** → Risk sign ☐
Ask: Do you feel pain in the back of your legs?	At night ☐ While walking less than 200 metres ☐	
Pulse test	**Left foot:** Top ☐ Ankle ☐ **Right foot:** Top ☐ Ankle ☐	**No pulse** → Risk sign ☐
Refill test: Push end of each big toe firmly. Count seconds for toe to return (refill) to normal colour.	Refill more than 3 seconds ☐	→ Risk sign ☐
Check feeling (sensation)		
Ask: Do you have any unusual feelings or pain in your feet or toes?	Yes ☐	→ Risk sign ☐
Sensation test: With person's eyes closed – touch tip of toes 1, 3 and 5. Switch to the other foot after each touch. ✓ Tick toes that feel X Cross toes that do not feel		**If person cannot feel two or more toes** → Risk sign ☐

Summarise the person's foot wound risk: Count the number of risk and high-risk signs ticked			
Number of risk signs ticked		Level of foot wound risk	
Risk	High risk		
1 or 0 ☐	0 ☐	Low	→ Teach about suitable shoes → Teach how to care for feet
2 ☐	0 ☐	Moderate	→ Teach how to care for feet → Assess for therapeutic footwear ☞ Refer to health service or foot wound clinic
3+ ☐	1 ☐	High	

4. Simple screening questions for mobility assistive products

Walking aid and/or wheelchair		
Can you stand and walk?	Yes, without difficulty ☐	No action
	Yes, with assistance ☐ Yes, only short distances ☐ Yes, on one leg only ☐	**If any** → Assess for walking aid ☞ Discuss referral for wheelchair assessment
	No, cannot walk at all ☐	☞ Refer for wheelchair assessment
Portable ramp (only for people who use a wheelchair, rollator or walking frame)		
Do you need to get up and down a few steps and/or in and out of a vehicle regularly?		Yes ☐ → A portable ramp may assist No ☐
Grab bar (for example in the bedroom, toilet, bathroom, or by steps)		
Do you have difficulty around your home? (getting in and out of bed, balancing, sitting up, standing up, going up steps or moving around.)		Yes ☐ → Grab bars may assist No ☐
Transfer board (for example to move to/from bed, toilet, sofa or vehicle)		
Do you have difficulty moving your body from one place to another?		Yes ☐ → A transfer board may assist No ☐
Prosthetic foot or leg (for people with leg or foot amputation)		
Do you use a prosthesis?	Yes ☐ → Check prosthesis ☞ Refer to prosthetic service if any concerns No ☐ ☞ Discuss if referral to prosthetic service is needed	

5. Other assistive products

Do you have difficulty with:	Seeing ☐ Hearing ☐ Self care ☐ Communication ☐ Cognition (thinking/remembering) ☐	**If any** → Other assistive products and/or ☞ referral to other services may assist

6. Plan

Screen for:	Vision ☐ Hearing ☐ Self care ☐ Communication ☐ Cognition ☐	
Assess for:	Walking aids ☐ Portable ramp ☐ Grab bars in the home ☐ Transfer board ☐ Therapeutic footwear ☐	
Teach about:	How to care for feet ☐ Suitable shoes to wear ☐	
Refer for:	Health care ☐ Wound care ☐ Rehabilitation ☐ Wheelchair ☐ Diabetes ☐ Foot wound clinic ☐ Prosthetic review or assessment ☐ Other: ✎ _____	
Follow up in:	1-3 months ☐ 6 months ☐ 12 months ☐	Follow up date: ✎