|  |  |  |  |
| --- | --- | --- | --- |
| Address: Telephone: | Diagnosis and relevant medical information: | PMH: | Assessor Name:Designation: Signature:Telephone:Date:Review Date |
| Falls History: | Height: Weight: | GP and Surgery: |
| Equipment in situ at patient/service user’s home (Including make and size): | Carer Contact Details:NOK Contact Details: | Manual Handling equipment to be used by:* Care Agency/Care Home Carers

Date risk assessment sent to agency/care home:* Family members

Demonstration date:Demonstration completed by:  |

|  |  |  |
| --- | --- | --- |
| Date | Summary of transfer assessments carried out on the ward/community e.g. method of transfer and equipment used | Conclusion |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Task:** |  | **Comments:** |
| Strenuous pushing or pulling? |  |  |
| Twisting/Stooping/Reaching? |  |  |
| Sudden or unpredictable movement? |  |  |
| Insufficient rest or recovery? |  |  |
| **Individual:** |  |  |
| Skill Level? |  |  |
| Specific health considerations inclusive of physical and/or cognitive capabilities? |  |  |
| Family and/or carer preferences? |  |  |
| **Load:** |  |  |
| Weight? |  |  |
| Sitting balance? |  |  |
| Involuntary/unpredictable movement of patient? |  |  |
| History of falls? |  |  |
| Pain/Stiffness? |  |  |
| Communication? |  |  |
| Understanding? |  |  |
| Agitated/Challenging Behaviour? |  |  |
| Pressure care needs? |  |  |
| Continence (frequency, pads, catheter) |  |  |
| **Environment:** |  |  |
| Environmental Considerations? |  |  |
| Inadequate lighting? |  |  |
| Space/access difficulties? |  |  |
| Inappropriate flooring? |  |  |
| Tripping/slipping hazards? |  |  |
| **Any other considerations:** |  |
|  |  |  |

**Action to be taken to reduce any identified risks**

|  |  |
| --- | --- |
| **Task** |   |
| **Individual** |  |
| **Load** |  |
| **Environment** |  |

|  |
| --- |
| General Safety Guidelines: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Transfer: | Equipment for transfer: | No. of carers | Techniques recommended: |
| R11. |  |  | 1 or 2 |   |