**DFC Equipment Program:** Adults

**Mobile shower / commode chair assessment form**



| Client name: |       | Sex: [ ]  M [ ]  F | DOB: |       |
| --- | --- | --- | --- | --- |
| Address: |       | Phone No: |       |
| Clinician: |       | Agency: |       | Date: |       |

| **MEDICAL HISTORY** Dx/prognosis: |       |
| --- | --- |
|  |
|  | Height: |       | Weight: |       |

| **EQUIPMENT CURRENTLY USED**  |
| --- |
|  |

**PHYSICAL STATUS**

| Skin history/integrity *(note areas of present and past breakdown)*: |       |
| --- | --- |
|  |
| Spasticity/tremor *(note when it occurs, how it affects function)*: |       |
|  |
| Upper limb function: |       |
|  |
| Lower limb function: |       |
|  |  |
| Balance/trunk control *(static and dynamic)*: |       |
| Period of Use: |
| Sitting posture: |       |

## FUNCTIONAL STATUS

| **Mobility:** Ambulation status: |       |
| --- | --- |
| Mobile shower/commode chair use: | [ ]  Independent [ ]  Assisted [ ]  Dependent |
| Style: [ ]  Large front wheel drive [ ]  Large rear wheel drive [ ]  Transit |
| Comments: |       |
| Period of Use: |

| **Transfers:** Equipment/aids currently used: |       |
| --- | --- |
| Floor surface: |       | Bed height: |       |
| Comments: |       |
|  |  |
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###### Toileting

| Toilet access *(note doorway width)*: |       |
| --- | --- |
| Transfers: | [ ]  On/off toilet | [ ]  Equipment/aids used: |       |
| [ ]  Mobile shower chair over toilet | Toilet in bathroom? [ ]  Yes [ ]  No |
| Used as a commode/pan required? [ ]  Yes [ ]  No |  |
| **IF SHOWER CHAIR IS CUSTOMISED AND NEEDS TO GO OVER TOILET, PLEASE COMPLETE TOILET MEASUREMENT FORM** |
| Comments: |       |
|  |

###### Showering

| Bathroom access: *(note doorway width, standard = 800mm.)* |       |
| --- | --- |
| Shower access: *(note doorway width, hob, platform required etc)* |       |
| Shower access modifications required: | [ ]  Yes [ ]  No |       |
| Personal care tasks: [ ]  Independent [ ]  Assisted [ ]  Dependent |       |
| Personal care service provided: | [ ]  Yes [ ]  No |       |
| Grab rails:  | [ ]  Present [ ]  Not required [ ]  Required | Height: |       |
| Hand-held shower hose:  | [ ]  Present [ ]  Not required [ ]  Required | Attachment height: |       |
| Electrical safety assessed: | [ ]  Yes [ ]  No |       |
| Electrical safety action taken: | [ ]  Yes [ ]  No |       |
| Service plan updated as indicated: | [ ]  Yes [ ]  No |       |
| Comments: |       |
|  |

## CLIENT GOALS and CONCERNS

|      Period of Use: |
| --- |
|  |
|  |

## ADDITIONAL NOTES/SUMMARY

|      Period of Use: |
| --- |
|  |
|  |

| **Clinician’s Name** |  |
| --- | --- |
| **Clinician’s signature:** |  | **Date:** |       |

**MOBILE SHOWER/COMMODE CHAIR SPECIFICATION SHEET**

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| **Seating 0ptions:** |  **Seat Depth:**  |  |  **Seat Width:**  |       |
| --- | --- | --- | --- | --- |
|  | [ ]  Curved, fixed, padded back  | [ ]  Back rest height (std 365mm)  | [ ]  Headrest  |
|  | [ ]  Tie on seat/back | [ ]  Extra seat padding  | [ ]  Pommel | [ ]  Back rest extension (std) |
|  | [ ]  Open front seat  |  [ ]  Rear open seat | [ ]  Hand padded seat | [ ]  Reinforced seat base |
|  | [ ]  Right side opening [ ]  Left side opening | [ ]  Standard seat  | [ ]  Pelvic/seat belt |
|  | [ ]  Hand padded seat [ ]  Custom hole size | [ ]  Back rest height (std 365) |       |
| **Frame option:** | [ ]  Tilt-in-space | *[ ]  Hydraulic* *[ ] Mechanical* |  [ ]  Forward tilt  |       |
|  | [ ]  Custom recline |       | [ ] Custom tilt |       |
|  | [ ]  Self propel | [ ]  Transit | [ ]  4 locking castors | [ ]  2 locking castors |
| **Armrest options:** | [ ]  Folding safety bar | [ ]  Lock down arms  | [ ]  Padded vinyl armrest  |
|  | [ ]  Drop-side arms | [ ]  Removable arms  | [ ]  Gutter supports [ ]  Flip up arms |
| **Lower body options:** | [ ]  Stump support | [ ]  Aluminium footplates  | [ ]  Elevating leg rests  |
|  | [ ]  Calf strap/pads | [ ]  Neoprene foot plate covers | [ ]  Removable footplates |
|  | [ ]  One piece footplate | [ ]  Two piece footplate | [ ]  Flip up footplate  |
|  | [ ]  Sliding footplate | [ ]  Height adjustable footplates | [ ]  Swing away footplate |
| **Other accessories:** | [ ]  IV pole  | [ ]  Oxygen bottle carrier  | [ ]  Push handles |
|  | [ ]  Anti-tip bars  | [ ]  Front/Back castor extension | [ ]  Brake extension levers |
|  | [ ]  Pan & carrier | [ ]  Push on brakes | [ ]  Pull on brakes |
|  | [ ]  Extended back rest | [ ]  Chest harness | [ ]  Foot straps/cups |
|  | [ ]  Head rest (this is compulsory with TIS) | [ ] Other |       |
| **Details:** |       |
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**🞶 PLEASE ATTACH FURTHER DIAGRAMS AND DETAILS IF REQUIRED**

| **Clinician’s Name:** |  |  |  |
| --- | --- | --- | --- |
| **Clinician’s Signature:** |  | **Date:** |       |