General Equipment/Home Modification Review

**Client Name:** **Client no:**

Complete each column using Y= yes, N= no: Y may indicate a need for a repair/replacement or a mechanical/clinical review

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| **Equipment Item/Home Modification (include Asset Number)** | Equipment unused or not used as prescribed | Lost/stolen | Rust/cracks/broken | Wheels not moving freely | Brakes not working effectively | Tyres worn or flat | Cushions in poor condition | Motor/controls/noisy/malfunctioning | Seat/upholstery/torn/sagging | Fastenings/bolts loose | Timber cracked/rotten/wrapped | Accidents/problems with use reported |
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| **Issues identified** | | | |
| **Action/Plan** | | | |
| **Name:** | **Signature:** | **Position:** | **Date:** |