

## Customer Details

Client Name		Phone Number	
Postal Address			
Suburb	Postal Code	State	
Funding Source	NDIS <input type="checkbox"/>	DVA <input type="checkbox"/>	HCP <input type="checkbox"/>
	CHSP <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>
Occupational Therapist	O.T. Ph.	O.T. Email	

## Mobility Assessment

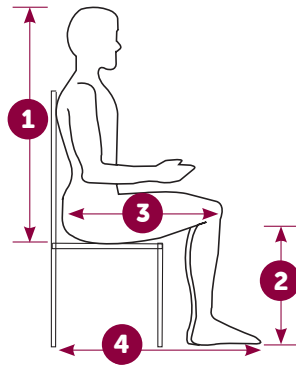
Are you aware of any reason which may prevent the client from using a stairlift safely? Yes  No

if yes, please state

Is the client able to understand and remember instructions? Yes  No

## User Details

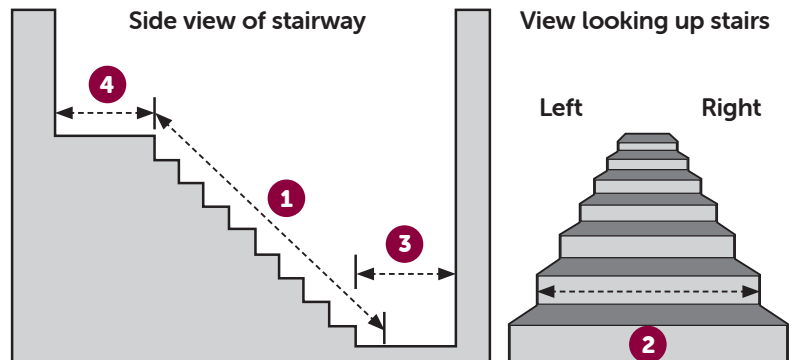
Height
Weight
Able to bring feet under knees?



1	Seat to top of head	mm
2	Floor to under knee	mm
3	Back to knee	mm
4	Back to toe	mm

## Site Details

1	Overall length of stairs (measured from top nose to floor)
2	Staircase width
3	Space at the bottom
4	Space at the top
5	Number of steps (not including top or bottom landings)



Staircase configuration:	Straight <input type="checkbox"/> Curved <input type="checkbox"/> Outdoor <input type="checkbox"/> Outdoor Curved <input type="checkbox"/>
Material:	Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Marble <input type="checkbox"/> Granite <input type="checkbox"/> Steel <input type="checkbox"/>
Powerpoint located within 5m of the stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of powerpoint:	Top of Stairs <input type="checkbox"/> Bottom of Stairs <input type="checkbox"/> Under Stairs <input type="checkbox"/>
Mobility equipment	Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Hoist <input type="checkbox"/> Other <input type="checkbox"/>

**Attach photos of stairs including wide shots of stairs, all landing, and power point location in relation to stairs (if applicable).**