

Appendix L – Departmental Summary of Client Handling Needs

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|------------------------------------------------------|------|--------------------|--------|
| Unit/Department: | | Date: | |
| Assessment completed by: | | | |
| Client Mobility Summary | | | |
| Client | Days | Evenings | Nights |
| Transfers | | | |
| Lifts (mechanical) | | | |
| Lifts (manual) | | | |
| Lateral slide/transfer | | | |
| Repositioning | | | |
| Independent | | | |
| Other barriers | | | |
| List of Client Handling Equipment and Devices | | | |
| Mechanical Lifts | | Assistive Devices | |
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| Identified Equipment Needs | | | |
| Mechanical Lifts | | Assistive Devices | |
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| Identified Environmental Barriers | | | |
| Environmental Barriers | | Recommended Action | |
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| Identified Organizational Barriers | | | |
| Organization Barriers | | Recommended Action | |
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