

Questionnaire prior to using Leonair sit-to-stand / transfer aids

DETAILS OF THE PERSON IN NEED OF CARE	CONTACT PERSON
	<input type="radio"/> Person in need of a care <input type="radio"/> Relative <input type="radio"/> Agency <input type="radio"/> Specialist shop <input type="radio"/> other:
Name	Name
Street	Street
Town, Post Code	Town, Post Code
Phone	Phone
E-mail	E-mail

ILLNESS/DIAGNOSIS	
Health insurance	Hospital bed with large floor clearance <input type="radio"/> yes <input type="radio"/> no (not always necessary)
Pflegegrad (German system)	Wheelchair <input type="radio"/> powered <input type="radio"/> manual <input type="radio"/> bespoke
Weight kg Height cm	Type
Responsive, orientated (time, place) <input type="radio"/> yes <input type="radio"/> no	Footrests swing away/removable <input type="radio"/> yes <input type="radio"/> no
Able to grip and hold on <input type="radio"/> yes <input type="radio"/> no	Other aids used <input type="radio"/> yes <input type="radio"/> no
Sits at the edge of the bed (unsupported) <input type="radio"/> yes <input type="radio"/> no (means has core stability)	If yes, which ones:
Toileting <input type="radio"/> Toilet <input type="radio"/> Commode <input type="radio"/> other	Any narrow passages <60 cm <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Stair lift <input type="radio"/> Thresholds
Undwear removed in standing position before toileting <input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> House <input type="radio"/> Flat <input type="radio"/> floor <input type="radio"/> Lift

NOTES/SPECIAL REQUESTS/QUESTIONS:

All data are treated as confidential and are only shared with third parties, such as specialist shops, on request by the person in need of care or their relatives.

PLEASE RETURN TO:
Leonair GmbH | Uhlandstr. 21 | 71229 Leonberg | Tel. 071 52 927526
Fax 07152 927528 | www.leonair-rehatechnik.de | info@leonair.de

