



**Spinal Seating Professional Development Project
Assessment Form AF1.2: Initial Interview**

SEATING ASSESSMENT: INITIAL INTERVIEW		
Name:	MRN:	Date:
Present: <input type="checkbox"/> Client <input type="checkbox"/> Referrer: <input type="checkbox"/> Suppliers: <input type="checkbox"/> Others:		
Client's reason for attending assessment:		
Relevant Medical History / Physical Attributes:		
Medical Diagnosis, date of onset / injury and any recent changes / loss of function:	Surgical / orthopaedic history impacting seating:	
Pressure Injury History:	Pain History:	
Spasm:	Vision:	Weight:
Sensation:	Hearing:	Height:
Cardiovascular and Respiratory Status:	Precautions and contra-indications / special care needs / medications and allergies impacting seating assessment and seating equipment selections:	
Bowel and Bladder functions:		
Speech and Swallowing:		
Psychosocial Status:		
	NAD / Comments	Living arrangement and type of residence:
Cognition and ability to learn new skill:		
Perceptual skills:		
Communication skills, interpersonal skills:		Social support: e.g., paid and unpaid carer, NGOs
Judgement and safety awareness:		Socio-economic circumstances and equipment funding options:
Behaviour and personality traits:		
Motivation, attitude, tolerance to technology:		
self-image & preference towards wheeled mobility		



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Activities and Participation:			
Describe aides or features of seating/ mobility equipment which enable personal care and domestic tasks to be performed:			
<u>Toileting:</u>	<u>Showering:</u>	<u>Dressing:</u>	<u>Domestic Task / Others:</u>
Type of Transfer: Hoist / side transfer with slide board / self-lift / standing transfer. State transfer equipment used			
Bed to wheelchair:			
To and from commode:			
To and from vehicle:			
Other transfers to / from wheelchair:			
Productivity:		Leisure interest, exercise routines and rest:	
Community Mobility and Transport: State vehicle types, modifications to vehicles and how the wheelchair is stowed / secured?			
Environment:			
Internal home environment:	External home environment:	Work / Leisure areas:	Local community:
Summary of Issues or Needs Discussed:			
Agreed Features Required in Seating and Wheeled Mobility:			