

SelfSure Assessment Form

Date Username Account
Title Initials Surname Postcode
Telephone Number Lead Source House Type

Access Issues

Have there been any access issues in the past?

Yes No

Customer Profile

Disability Disability Disability
Hand Orientation Year of Birth Height Weight

Weight
Stable Increasing Decreasing Fluctuates

Vision
Glasses Contacts Neither

Medical Considerations:
Falling out of bed Pacemaker Hoist Allergies

Av hrs per day in Chair:

Hrs Accompanied Handover Req:
Yes No

Existing Chair (Measurements in cm)

Current Chair Type	Date of Purchase	Manufacturer
Model	Seat Width	Seat Depth
Floor to Seat Height	Backrest Height	Colour

Fabric

Backrest Type:

Waterfall Button Split Other

Getting in/out of Chair:

Unassisted Assisted – Products Used?

Do you use extra pillows to get comfortable?

Yes No

Do you think your current chair is the right size?

Yes No

Product Recommended

Chair Type

Fixed Fireside Single Action Dual Action

Manufacturer

Measurement in cm/inches?

Seat Width

Seat Depth

Floor to Seat Height

Backrest Width

Backrest Height

Backrest Type:

Waterfall Button Split

Massage?

Yes No

Heat?

Yes No

Getting in/out of Chair: Help Required?

Yes No

Extra Support Required:

Lumbar Cushion Neck Support Cushion

Matching Furniture Required

Fixed Chair 2 seat settee 3 seat settee Footstool Fireside

Accessories:

Backrest Cover Arm Caps Cleaning Kit Stainguard Protector

Fabric Choice: (does it need to be waterproof)