

## Clinic Patient Rehabilitation Engineer Report

Reference No M222494

Name Prof ARNOLD AAARDVAAK D.O.B 03/02/1992

Address Manchester  
M20 1LB

Tel:

<b>Medical Condition</b>
<b>Medical History</b>
<b>Eyesight</b>
<b>School/Day Centre</b>
<b>Therapist/key Worker</b>

<b>Persons Present</b>
<b>Transfers</b>
<b>Social Situation</b>
<b>Accommodation</b>
<b>Carers</b>
<b>Vehicle</b>

Weight :	Height :
A :	
B :	
C :	
D :	
E :	
F :	

<b>Current Wheelchair/Buggy</b>
<b>Cushion</b>
<b>Accessories</b>

**Presenting Posture**

**Presenting problems**

- 1 :
- 2 :
- 3 :
- 4 :
- 5 :
- 6 :

**Aims**

**Assessment**

**Outcomes/Equipment to be supplied/withdrawn**

- 1 :
- 2 :
- 3 :
- 4 :
- 5 :
- 6 :
- 7 :
- 8 :
- 9 :



## Risk Management Matrix

Consequences Likelihood 	<b>LOW</b> no or minimal injuries		<b>MEDIUM</b> injury requiring intervention		<b>HIGH</b> permanent health effects	
<b>RARE</b> Will probably never happen or recur.	<b>1</b>	<input type="checkbox"/>	<b>2</b>	<input type="checkbox"/>	<b>3</b>	<input type="checkbox"/>
<b>POSSIBLE</b> Might happen or recur occasionally	<b>2</b>	<input type="checkbox"/>	<b>4</b>	<input type="checkbox"/>	<b>6</b>	<input type="checkbox"/>
<b>ALMOST CERTAIN</b> Will undoubtedly happen or recur maybe frequently	<b>3</b>	<input type="checkbox"/>	<b>6</b>	<input type="checkbox"/>	<b>9</b>	<input type="checkbox"/>

**Notes on Risk Management**

**Report Completed by**

Rehabilitation Engineer : \_\_\_\_\_

Posture and Mobility Therapist : \_\_\_\_\_

Counter signed : \_\_\_\_\_

Date (dd/mm/yy) : \_\_\_\_\_