



CAYPELS Checklist for the Provision of Beds / Hoists

Client Name: _____

Date of Birth: _____

Home Address: _____

Delivery address (if different to above): _____

Name of Person Accepting Delivery: _____

Equipment Identified (tick box/es)	<input type="checkbox"/> Bed	<input type="checkbox"/> Hoist	<input type="checkbox"/> Other:
Mobility			
Is the client able to move from their bed for a period time, while waiting for delivery of the bed? If NO – What arrangements have been made?			Y / N
Communication			
1. Does client or carer speak English <i>*If No, please arrange for an interpreter/English speaking relative to be present when the bed is delivered.</i>			* Y / N
2. Are there any communication barriers that CAYPELS staff need to aware of?			Y / N
3. Are there religious/cultural/personal practices that CAYPELS staff will need to be aware of or observe?			Y / N
Details:			
Room requirements			
1. Is client/family aware of their responsibility to have the furniture moved out of the room prior to delivery?			Y / N
2. Have you advised client of the following? It is recommended that for ease of access that the area around the bed is: - 1 ½ m either side of bed + 1 m for bed = 4 metre room width.			Y / N
Pre delivery/collection of a bed			
Is client/carers aware that:			Y / N
1. The Client's bed is to be removed from the room prior to delivery.			Y / N
2. A clear access route is required when delivering/collecting bed.			Y / N
3. The CAYPELS delivery/collection personnel do not move the client's furniture.			Y / N
4. Contact will be made by the delivery/collection personnel on the day of delivery with an approximate time of delivery.			Y / N
Please Note: CAYPELS may sometimes need to reschedule a planned delivery due to unforeseen circumstances such as staff illness, delivery vehicle maintenance and repairs, urgent deliveries. Similarly if client or referrer wishes to cancel/reschedule a delivery please ph ASAP on 62051242			
Pre-Delivery Risk Identification			
- Tick or write response to each question below			

<p><i>INTERNAL STAIRS</i></p> <p><input type="checkbox"/> Stairs _____ <i>approx. no. of steps</i></p> <p> _____ <i>no. of flights of stairs</i></p> <p><input type="checkbox"/> Narrow steps?</p> <p><input type="checkbox"/> Narrow corridor/s?</p> <p><input type="checkbox"/> Staircase with landing</p>	<p><i>EXTERNAL STAIRS</i></p> <p><input type="checkbox"/> Stairs _____ <i>approx. no. of steps</i></p> <p> _____ <i>no. of flights of stairs</i></p> <p><input type="checkbox"/> Narrow steps?</p> <p><input type="checkbox"/> Staircase with landing?</p> <p><input type="checkbox"/> Steep driveway UP? DOWN?</p>	
<p>Indoor Flooring: Wooden / Slippery / Vinyl / Carpet / Other _____</p>		
<p>Please provide give a brief SKETCH of the stairs showing any changes in direction.</p>		
<p>Collection Requirements Is client/carer aware that:</p> <ol style="list-style-type: none"> 1. Bed and mattress are to be in a clean state prior to collection? 2. A clear access route is required for bed collection. 		<p>Y / N Y / N</p>

This checklist completed by:

Date: _____

Name of Clinician: _____ Profession: _____

Organization/Team: _____

Preferred contact details (e.g. phone, fax or email)

- Phone/s: _____
- Email: _____
- Fax: _____