

Assumption Community Therapy Equipment Assessment

	Private	AH owns	Brakes	Arm rests	Leg rests	Seat back	Sling seat?	Cushion	Condition	Labeled
Wheel Chair										
WC #										

	Private	AH owns	4 Wheels	Front Wheel	Wheel/size	Tennis balls	Adjustment	Grips OK?	Condition	Labeled
Walker										

	Private	AH owns	Adjustment	Check tips	Condition	Labeled
Cane						

Resident Name _____

Notes...

Condition =

- Poor
- Good
- Replace

Resident # _____

Room # _____

Date _____
