

TRANSFER ABILITY			
INDEPENDENT TRANSFER  Particular program dame 200  Date:  TWO MINIMUM ASSIST TRANSFER	Date:  TWO MINIMUM ASSIST TURNING DISC TRANSFER	ONE MINIMUM ASSIST TRANSFER  SIT - STAND LIFT	SLIDING BOARD TRANSFER  Date:  MECHANICAL LIFT
			FLOOR OR CEILING LIFT
Date:	Date:	Date:	Date:
BED MOBILITY			
INDEPENDENT POSITIONING   OF THE POSITIONING	ONE ASSIST POSITIONING	USE BREEZE ULTRASLIDE SYSTEM	USE BED SLIDER
Date:	Date:	Date:	Date:
MINIMUM THREE ASSIST  REFER TO CARE PLAN  2-7-2 Three three parameters are pro-	TWO ASSIST POSITIONING USE ABC TWIN TURNER SLING  Date:	REPOSITION WITH CEILING OR FLOOR LIFT	REPOSITIONING NEEDS:  Tilt wheelchair  Turning routine bed
MOBILITY	DATE:	Date.	
☐ Walks Independent ☐ Walking Supervised ☐ Walks 1 Assist ☐ Walks 2 Assist ☐ Walking Exercise ☐ Distance	<ul><li> Walking Aides:</li><li> None</li><li> Cane</li><li> Walker</li><li> High Risk for Falls</li></ul>	Wheelchair Propulsion:	Range of Motion Exercise: Active/Assisted Passive  Brace/Splint Required
SPECIAL CONSIDERATIONS:			