** **

**Integrated Community Equipment Service**

**Environmental Assessment Form**

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| Item No | List individual pieces of equipment (e.g., Beds, Mattress’s, Hoists)**N.B. Beds should normally only be considered for ground floor delivery only and upstairs in exceptional circumstances.**Please tick what is appropriate and add notes if appropriate | Parking close by for van | Stepped Access to Property | Pets to consider | Clear Access to Stairs | Stairlift insitu | Steep stairs | Staircase Clear of Obstruction | Narrow Tread Depth or loose carpet | Wide Access around Landing Area | Bedroom Clear & Sufficient Space | Sufficient Power Supply | Mattress Use Only |
| Double | King Size | Bariatric |
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| **Clients Bed is not to be removed until assessment is complete, and delivery arranged by ICES** | **NB:** **Is Downstairs Living possible?** | **Yes** | **No** | Prescriber Name – Print and Sign | Date |
| * Narrow Staircase and/or Narrow Tread Depth with Stairlift - **NO Delivery**
* Minimum space required: Length 2600mm Width 1800mm - **NO** **Delivery if less**
 |
| This field - ICES use only for notes | Additional Notes | Coordinator/Manager Name- Print and Sign | Date |
| Can delivery be completed? | **Yes**  | **No (if no why?)** | Driver/Fitter Name- Print and Sign | Date |