** **

**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 | | |