

Recommendations for Low-Risk and Under Advice Assistive Technology (AT)

Client name: _____ Client address: _____

Client reference: _____ Client D.O.B: _____

| |
|---|
| State the client goal(s) that will be supported with AT: |
| |

| | | |
|---|--|---------------------------------------|
| AT is required because the person has: | | |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Poor balance | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Reduced flexibility/ROM | <input type="checkbox"/> Fear/anxiety |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Other |

| AT recommended (See AT-HM List for guidance on AT risk levels): | | |
|---|-----------------------------------|--|
| 1. | <input type="checkbox"/> Low-risk | <input type="checkbox"/> Under advice (refer to coordinator) |
| 2. | <input type="checkbox"/> Low-risk | <input type="checkbox"/> Under advice (refer to coordinator) |

| The AT is recommended: |
|--|
| <input type="checkbox"/> Short term (while the client builds capacity e.g., strength, balance, and/or flexibility) |
| <input type="checkbox"/> Long term (the client has limited potential to build capacity) |

| Would the client benefit from reablement to: | | |
|--|--|--|
| <input type="checkbox"/> Build strength | <input type="checkbox"/> Improve balance | <input type="checkbox"/> Improve endurance |
| <input type="checkbox"/> Improve joint range of motion | <input type="checkbox"/> Manage pain | <input type="checkbox"/> Manage fatigue |
| <input type="checkbox"/> Manage anxiety | <input type="checkbox"/> Stimulate thinking skills (cognition) | <input type="checkbox"/> Support another area: _____ |
| If any interventions are selected, refer to coordinator for required action. | | |

| | | | |
|---|--|--------------------------------------|------------------------------------|
| Are there any potential risks associated with the use of this AT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, identify: | | | |
| Potential risks: | | | |
| Actions to minimise risk: | | | |
| If the client or staff require instruction to use the AT correctly, instruction will be provided by: | | | |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Coordinator | |
| <input type="checkbox"/> Support worker (low-risk AT only) | <input type="checkbox"/> Other: | | |

| |
|---|
| Instructions for AT upon delivery: |
| Location: |
| Adjustments/settings: |
| Other: |

| | | |
|--|-------------------------------------|--------------------------------|
| To ensure AT is fit for purpose, it will be reviewed upon delivery/installation by: | | |
| Name: | | Role/Qualification: |
| Review to be conducted via: | | |
| <input type="checkbox"/> In-person visit | <input type="checkbox"/> Phone call | <input type="checkbox"/> Email |
| Notes: | | |

| | |
|---------------------------------|--------------|
| AT recommended by: | |
| Name: | Designation: |
| Date: | Signature: |
| Contact details: | |
| Phone: | Email: |
| Organisation (for contractors): | |

This template was created by Keep Able. The original version is available on our website. Any changes made to this template are the responsibility of the user. For more assistive technology resources, visit keepable.com.au.