

Review of Low-Risk and Under Advice Assistive Technology (AT)

[Note, this document is to be used in conjunction with Keep Able's 'Recommendations for Low-Risk and Under Advice AT' template]

Client name: _____ Client address: _____

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

AT review undertaken by:	
Name:	Designation:
Date:	Contact details:

Goals stated in AT Recommendations have been achieved or are in progress with the provision of AT:		
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments (client, family, or support staff):		

Implementation of AT recommendations			
All AT provided per recommendations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
AT adjusted per recommendations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Identified reablement strategies implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Risk management strategies implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Final AT recommendations documented in the client care plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Planning for the future

Could the client perform tasks without AT in the future? Always consider building their capacity where possible.

Future considerations for skill-building and/or reducing AT use:	
Next review date (goals and AT use):	
Review date added to care plan:	<input type="checkbox"/> Yes

AT review conducted by:	
Name:	Designation:
Date:	Signature:
Contact details:	
Phone:	Email:
Organisation (for contractors):	