

# PATIENT HOME INFORMATION FORM

Name: \_\_\_\_\_

Date of clinic visit: \_\_\_\_\_

Following your surgery/injury, the Occupational Therapist will need to ensure you are discharged from hospital to a safe environment. The information you provide on this form will help us to determine your need for any equipment at home. It is therefore **essential** that you complete both sides of this form and **SEND** it to: Occupational Therapy Department, RJAH Orthopaedic Hospital, Oswestry, Shropshire, SY10 7AG. Or you can scan it and e-mail it to [OT@rjah.nhs.uk](mailto:OT@rjah.nhs.uk)



Please sit on the bed and measure from the top of the mattress to the floor.

• Height of bed from floor to top of mattress when sat upon see (A) ? .....

• Style of bed?

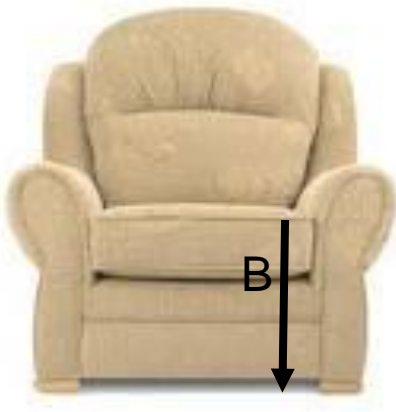
- (i) Single .....
- (ii) Double .....
- (iii) King size .....
- (iv) Other .....

• Location of bed - upstairs/downstairs?  
It should not be necessary to bring beds downstairs.

• Type of legs?

- i. casters .....
- ii. casters with legs .....
- iii. straight .....
- iv. Wooden blocks.....  
size of wooden blocks .....

• If casters, do they screw/push in?.....  
• Number of casters/legs ? .....



Sit on the chair and measure from the top of the seat cushion to the floor.

Height of chair from top of seat to floor (when sat upon) see (B)? .....

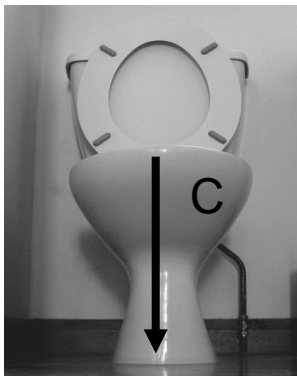
• Style of chair?

- i. Armchair .....
- ii. Other .....

\* Please note that we do not raise recliners

• Type of chair legs?

- i. Casters .....
- ii. Wooden blocks .....  
size of blocks .....
- iii. Straight .....
- iv. Other .....



Height of toilet (with seat up) see (C)

Location of toilet - upstairs/downstairs/  
outside?

Type of aids used to assist by the toilet?

- i. Handrail .....
- ii. Adaptive equipment e.g. raised toilet seat .....
- iii. Other e.g. sink/bath

Please use the space below to add any further comments/information you feel may be of help:

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**THANK YOU.**