

DIRECT ACCESS TO EQUIPMENT

CONFIDENTIAL

Basic personal details

Family name:				Given name:									
Prefer to be known as:						Title:							
NHS No:				Social care ID):									
Gender (<i>tick</i>)		Female		<input type="checkbox"/>		Male		<input type="checkbox"/>		Date of birth			
Present address/location:						Permanent address (if different):							
Post code:						Post code:							
Phone number(s):						Phone number(s):							
Marital status:						Resident of:							

Ethnicity	White			Mixed			Asian or Asian British		
	White British	<input type="checkbox"/>		White and Black Caribbean	<input type="checkbox"/>		Indian	<input type="checkbox"/>	
	White Irish	<input type="checkbox"/>		White and Black African	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>	
	Any other white background	<input type="checkbox"/>		White and Asian	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>	
	Black or Black British	<input type="checkbox"/>		Any other mixed	<input type="checkbox"/>		Any other Asian	<input type="checkbox"/>	
	Caribbean	<input type="checkbox"/>		Other groups			Not stated	<input type="checkbox"/>	
	African	<input type="checkbox"/>		Chinese	<input type="checkbox"/>		<i>Details of 'other' selections (enter category/code):</i>		
	Any other Black background	<input type="checkbox"/>		Any other group (<i>specify</i>)	<input type="checkbox"/>				
Religion	None	<input type="checkbox"/>		Buddhist	<input type="checkbox"/>		Jewish	<input type="checkbox"/>	
	Christian	<input type="checkbox"/>		Hindu	<input type="checkbox"/>		Muslim	<input type="checkbox"/>	
	Sikh	<input type="checkbox"/>		Any other religion	<input type="checkbox"/>		<i>Details:</i>		

What problems / difficulties would you like help with from our service?

How long have you had these problems

Describe your main medical problem / disability

Key Contacts	
Person most close to you (e.g. carer/next of kin)	General Practitioner (GP)
Family Name:	Name:
Forenames:	Practice:
Preferred name:	Address:
Relationship to person :	
Address:	Post Code:
Phone number(s):	Phone number(s):
E-mail:	Email:
Availability:	Fax:

Home details										
Type of permanent accommodation	House	<input type="checkbox"/>	Flat/bedsit	<input type="checkbox"/>	Bed and breakfast	<input type="checkbox"/>	Supported housing	<input type="checkbox"/>		
	Bungalow	<input type="checkbox"/>	Nursing care	<input type="checkbox"/>	Residential care	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Tenure of permanent accommodation	Council	<input type="checkbox"/>	Home owner	<input type="checkbox"/>	Private rented	<input type="checkbox"/>	With family	<input type="checkbox"/>		
	Housing association			<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Details:			
Does the home have a working smoke alarm?					Don't Know	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Household details	Number of people in household			
Do you live alone? (if No, detail below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of household:				
Do you have any dependants? (If Yes, detail below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Current care				
Services currently being received (If Yes, detail below include who is providing services)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any help provided by a carer? (If Yes, detail below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your carer have any problems providing this help?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have any problems with: (details below)	Sight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>
What is your preferred language?		Interpreter required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any other difficulties that you need assistance with?						

Do you provide consent for your information to be shared as required? <i>(Detail requested limitations below)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature of person:	Date			

If you wish to order equipment please go on to the next page

DIRECT ACCESS TO EQUIPMENT ORDER FORM

Equipment Required (please tick) Please Check you have ordered the correct size			
BAT 120	BATH SEAT	150MM (6")	<input type="checkbox"/>
BAT 121	BATH SEAT	200MM (8")	<input type="checkbox"/>
BAT 106	BATH BOARD PLASTIC COATED	685MM (27")	<input type="checkbox"/>
BAT 101	BATHBOARD - SLATTED	660MM (26")	<input type="checkbox"/>
BAT 107	BATHBOARD- SLATTED	685MM (27")	<input type="checkbox"/>
BAT 100	BATHBOARD- SLATTED	711MM (28")	<input type="checkbox"/>
BAT 158	BATH STEP- PLASTIC	305MM (12")	<input type="checkbox"/>
BAT 210B	SHOWER STOOL		<input type="checkbox"/>
KIT 401	STOOL WITH ARMS ONLY		<input type="checkbox"/>
KIT413	STOOLWITH ARMS AND PADDED SEAT & BACK		<input type="checkbox"/>
TO1700	RAISED TOILET SEAT	51MM (2")	<input type="checkbox"/>
TO1701	RAISED TOILET SEAT	102MM (4")	<input type="checkbox"/>
TO1702	RAISED TOILET SEAT	153MM (6")	<input type="checkbox"/>
TO1772	TOILET SURROUND		<input type="checkbox"/>
TO1720C	TOILET SEAT AND FRAME		<input type="checkbox"/>
TO1729	COMMODE		<input type="checkbox"/>
HAR556	DYCEM MAT (MAXIMUM ISSUED 4)	NUMBER REQUIRED ()	<input type="checkbox"/>
KIT561	MANOY PLATE (MAXIMUM ISSUED 2)	NUMBER REQUIRED ()	<input type="checkbox"/>
KIT439	PLATEGUARD (MAXIMUM ISSUED 2)	NUMBER REQUIRED ()	<input type="checkbox"/>
KIT412	TROLLEY		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

SEE NEXT PAGE TO ORDER RAILS

DIRECT ACCESS TO EQUIPMENT ORDER FORM FOR RAILS

Rails

You can only order rails from this equipment catalogue if you or a family member own the property, you are a permanent resident of Oxfordshire and you will be using the rails on a regular basis.

If you are a tenant and live in property owned by a Housing Association in Oxfordshire or District Council e.g. Oxford City Homes you should contact your landlord and ask if they will provide you with the rails you require. Many of these Housing Associations will now provide rails on request by their tenants.

Fixing of rails

It is important to consider if the wall structure is suitable for a rail to be installed before making your request.

Many modern houses do not have the traditional brick or block type walls. If you do not know you can usually tell if you tap the wall. A solid wall construction will sound different to a partition wall which sounds hollow when tapped. It is also useful for us to know whether the rail is going on an internal or external house wall.

Wooden door frames are usually strong enough to take a short grab rail as long as they are in a good state of repair, but PVC door frames are not suitable.

Rails Required (please tick)

Please Check you have ordered the correct size

BAT140F	GRAB RAIL –PLASTIC (BATHROOM) 300MM (12")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT 141F	GRAB RAIL –PLASTIC (BATHROOM) 450MM (18")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT 142F	GRAB RAIL –PLASTIC (BATHROOM) 600MM (23")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT149F	GRAB RAIL –METAL 305MM (12")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT143F	GRAB RAIL –METAL 455MM (18")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT144F	GRAB RAIL –METAL 610MM (24")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT190F	GRAB RAIL –METAL OFFSET 445MM (17")	NUMBER REQUIRED ()	<input type="checkbox"/>
BAT304	NEWELL RAIL (LEFT HANDED) 707MM (27")		<input type="checkbox"/>
BAT305	NEWELL RAIL (RIGHT HANDED) 707MM (27")		<input type="checkbox"/>
HAR602	MOPSTICK –WOODEN BANNISTER RAIL RIGHT SIDE ASCENDING		<input type="checkbox"/>
HAR602	MOPSTICK –WOODEN BANNISTER RAIL LEFT SIDE ASCENDING		<input type="checkbox"/>

Where do you need your grab rails?

Any information on structure of walls?