**Occupational Therapy Services:**

**Aneurin Bevan University Health Board/ Newport Social Services/ Blaenau Gwent Social Services/ Monmouthshire Social Services**

**Occupational Therapy Seating Assessment**

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| Service User Name:  Address:  DOB  GP/ Consultant | Background Information - service user |

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| **Reasons for seating assessment:** |

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| **Potential Use of the Chair linked to occupations:** |

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| **Body Dimensions:** |

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| **Postural Observations:** |

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| **Transfers and Mobility:** |

Service User Name:

Address:

DOB:

**Occupational Therapy Seating Assessment (continued)**

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| **Tissue Viability:** |

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| **Pain and sensation:** |

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| **Risks:** |

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| **Environment:** |

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| **Behaviour/ psychological/ cognition/ motivation:** |

Service User Name:

Address:

DOB:

**Occupational Therapy Seating Assessment (continued)**

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| **Perspectives of seating- person/ family/ carers:** |

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| **OT Formulation of the seating issues:** |

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| **Person centred seating goals/ Plan for OT interventions:** |

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| Occupational Therapist: …………………………………………………………..  Signature: ………………………………………………………………………………… Date: |