



## IMNDA BIO BIDET ASSESSMENT REQUEST FORM

<b>Client Details</b>			
Name			
Address			
Eircode			
Family Contact			
Name and number			
<b>Requested by OT</b>			
Name /Phone Number			
Date of referral			
Please submit brief summary/ reason client requires Bio Bidet Assessment			
Have you been to clients home and discussed same			
<b>CONSIDERATIONS AS TO SUITABILITY OF CLIENT</b>			
Client currently ambulant?	Y	N	
Upper Limb function	(scale of 1-10)	1 2 3 4 5 6 7 8 9 10	(1 being poor)
Lower Limb function	(scale of 1-10)	1 2 3 4 5 6 7 8 9 10	(1 being poor)
Core / upper body strength	(scale of 1-10)	1 2 3 4 5 6 7 8 9 10	(1 being poor )
Does client use a raised toilet seat / frame ?	Y	N	
Height of WC – floor to top of seat ( including any removable seat riser )			_____ mm
Approx height of client _____mm		Approx weight of client _____KG	

If possible OT to take images of existing toilet paying particular attention to water connection, waste pipe position & where seat fits to pan. Some modern / back to wall toilets will need to be removed and refitted to facilitate fitting of Biobidet. Proximity of electrical connection also a consideration. Clients may need to employ the services of a local electrician. Subject to subject to survey by SYNC Living.