

Prescriber to complete this form and return to your selected Studio Care Supplier prior to trial to support appropriate system configurations aligned with the patient's clinical presentation, functional requirements, and identified risk factors.

Prescriber Information:

Name

Company

Clinician Email Address:

Clinician Contact No:

Patient Information:

Name

Age

Current Transfer Method

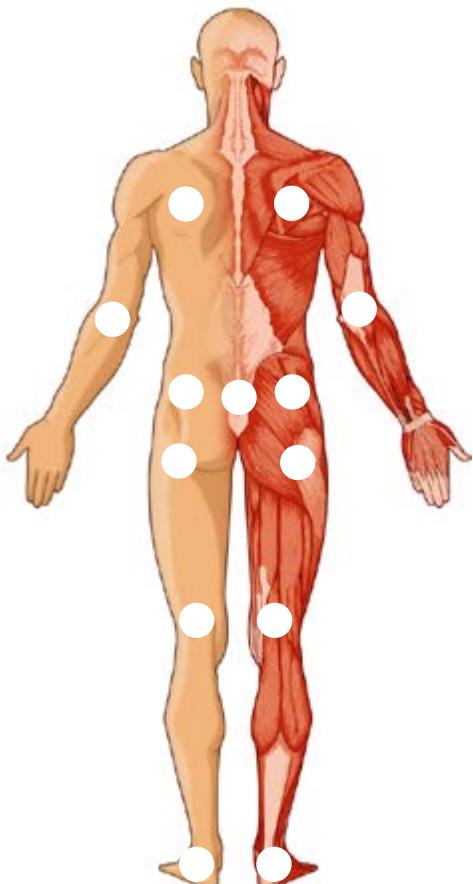
Potential Future Transfer Method

Risk assessment:

(Number from **1 - 4** the relevant muscular zones that have pressure injuries and their wound stages.

'R' - for at Risk of Pressure Injury.

'U' - for unstageable.



Patient Form:

M F

Patient Weight (Kg)

Patient Height (Cm)

Sex:

Waterlow Score - Risk Identifier

0 - 9

10 - 14

15 - 19

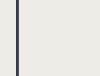
20 +

Low Risk

At Risk

High Risk

Very High Risk



Please Indicate Patient Waterlow Score Here

Anthropometric Profile Description:

Patient History:

Above Knee Amputee : Left Right

Below Knee Amputee : Left Right

Sleeping Position : Supine Lateral Recumbent Both

Sleeping Incline : Inclined Reclined

Time Spent In Bed (Hrs): 4 - 8 8 - 12 13 - 16 17+

Date of Assessment : _____