

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:

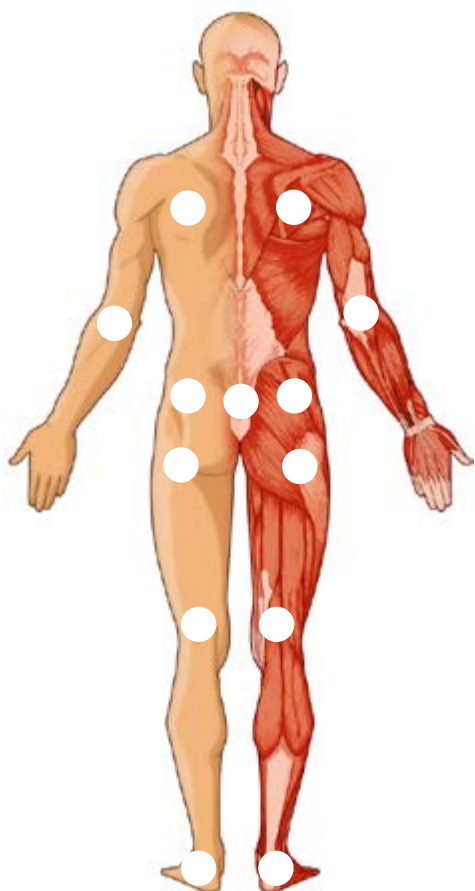
Name
  Age
  Current Transfer Method
  Potential Future Transfer Method

## 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:

Patient Weight (Kg)
  Patient Height (Cm)
 Sex: ☐ M ☐ F

## 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 :