

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:

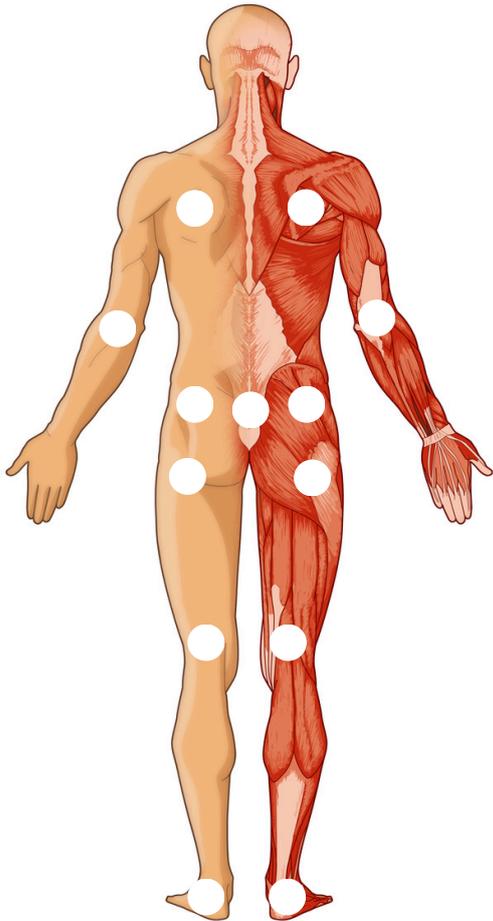
.....
 Name Age Current Transfer Method Potential Future Transfer Method

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 Details:

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

.....
 Hip Width (Cm) Seat Depth (Cm) Seat Width (Cm)

.....
 Floor-to-Knee Height (Cm) Leg Length (Cm) Torso Length (Cm)

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+

Anthropometric Profile Description:

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

Date :