Specifications for Wash Dry Toilet

**HULL CITY COUNCIL**

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form

(Adaptations to Council Dwelling / Disabled Facilities Grant)

on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

**Details**

|  |  |
| --- | --- |
| Customer name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact details: |  |

Capacity Yes [ ]  No [ ]

Best interest decision Yes [ ]  No [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weight: |  | kg | OR |  | st |  | lbs |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |  | cm | OR |  | ft |  | inches |

**Seat**

Height [ ]  Standard Bespoke  mm

**Type**

Standard [ ]

Padded / Soft [ ]

Horseshoe [ ]

Bariatric (Big John) [ ]

Armrests required [ ]  Yes [ ]  No

Seat riser required [ ]  Yes [ ]  No

Lateral body supports required [ ]  Yes [ ]  No

To be used with shower chair [ ]  Yes [ ]  No

Transfer method [ ]  Stand and turn [ ]  Sliding from wheelchair

Minimum distance of back of seat from wall  mm

**Essential Controls**

Mounted [ ]

Left [ ]

Right [ ]

Floor [ ]

Infra-red [ ]

Remote control [ ]

**Additional Information**

|  |
| --- |
|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |

**Approval by Social Services OT (for social services OT approver use only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |