**\*\*Furniture Raising must only be requested where it has been determined stock equipment raisers through Medequip will not meet need. Please note there are now equipment raisers which can safely raise recliner chairs that can be requested as a special through TCES.**

**CUSTOMER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | DOB: | Gender |
|  |  |  |  |
| Address: |  | NHS Number: | Ethnicity: |
|  |  |
| Postcode: |  | Contact Number: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lives  Alone: | YES | Visually Impaired: | YES | Hearing Impaired: | YES | Veteran / Armed Services: | YES |

**PROPERTY OWNER**

|  |  |  |
| --- | --- | --- |
| Owner Occupier |  | |
|  |
| Hull City Council | } | **Technicians will only raise bed, chair or sofa** – all other adaptation requests must be made direct to the Hull City Council Adaptation Team / relevant Housing Association |
| Housing Association |
| Private Rented | **Technicians will only raise bed, chair or sofa** – all other Technician requests must have written owner / landlord permission attached | |

**REFERRER DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Worker: |  | Tel No: |  | Date of Request: |  |
| Address |  | | | Date of Assessment: |  |

|  |  |  |
| --- | --- | --- |
|  | **URGENT** – detail reason |  |

|  |  |  |
| --- | --- | --- |
|  | **JOINT VISIT / FEASIBILITY REQUIRED** – detail reason |  |

**WORK REQUIRED**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grab Rail - Back Door | | Quantity: |  | Ref 4 |  | Ref 5 |  | Ref 6 |  | Ref 7 |  |
| Grab Rail - Front Door | | Quantity: |  | Ref 4 |  | Ref 5 |  | Ref 6 |  | Ref 7 |  |
| Grab Rail - Upstairs Toilet | | Quantity: |  | Ref 1 |  | Ref 2 |  | Ref 3 |  |  |  |
| Grab Rail - Downstairs Toilet | | Quantity: |  | Ref 1 |  | Ref 2 |  | Ref 3 |  |  |  |
| Grab Rail - Bath / Shower | | Quantity: |  | Ref 1 |  | Ref 2 |  | Ref 3 |  |  |  |
| **Notes:** |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chair Raise | | | Settee Raise | | | Bed Raise – specify type & size of bed in notes | | |
| 2” | 3” | 4” | 2” | 3” | 4” | 2” | 3” | 4” |

|  |  |
| --- | --- |
| **Notes:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Banister Rail (straight) | |  | Mopstick (curved stairs) |  | Newel Rail | 1 |  | 2 |  |
| **Notes:** |  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shower Seat – fix to wall | |  | Toilet Frame – fix to floor |  |
| **Notes:** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fabricated Rail | | Back Door |  | Front Door |  |
| **Notes:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Step – Half | Front Door | Back Door | Step – Large | Front Door | Back Door |
| **Notes:** |  | | | | |

**ADDITIONAL WORK / NOTES / REQUESTS** – detail below

|  |
| --- |
|  |