# St Helens & Knowsley Hospitals

## NHS

 NHS Trust

**CHAIR HIRE REQUEST FORM**

|  |  |
| --- | --- |
| WARD/ROOM No |  |
| DATE REQUESTED |  |
| PATIENT LABEL WITH HOSPITAL NUMBERPLEASE STATE IF MOBILE OR HOISTHIP TO HIP MEASUREMENT: |

|  |  |  |
| --- | --- | --- |
| DOES YOUR PATIENT HAVE LIMITED SEATING BALANCE | YES | NO |
| DOES YOUR PATIENT HAVE GRADE 3 OR 4 PRESSURE ULCER | YES | NO |
| DOES YOUR PATIENT HAVE OBVIOUS SPINAL CURVITURE | YES | NO |
| DOES YOUR PATIENT HAVE A DEEP TISSUE INJURY TO THEIR SACRUM OR BUTTOCKS | YES | NO |
| DOES YOUR PATIENT SLIDE OUT OF THE CURRENT CHAIR OR HAVE REDUCED SEATING BALANCE | YES | NO |
| IS YOUR PATIENT ABLE TO SIT UNASSISTANCED | YES | NO |

AUTHORISATION REQUIRED BY WARD MANAGER OR MATRON.

|  |  |  |
| --- | --- | --- |
|  | **PRINT NAME** | **SIGNATURE** |
| WARD MANAGER |  |  |
| MATRON |  |  |

PLEASE NOTE: NO HIRES WILL BE RAISED IF NO SIGNATURE

Email: EquipmentPoolRequest@sthk.nhs.uk