Mobility Guide

Patient's name: __________________________________________

Is the patient able to transfer independently?

☐ Yes. If yes, the patient is able to independently:
  Transfer to: ☐ wheelchair ☐ bed ☐ commode ☐ shower OR: ☐ walk on unit ☐ within facility

☐ No. If no, use gait belt and do NOT leave patient alone in the bathroom.

Is the family/caregiver able to transfer the patient?

☐ Yes. If yes, who? ___________________________. The family/caregiver is able to:
  Transfer the patient to: ☐ wheelchair ☐ bed ☐ commode ☐ shower
  OR: ☐ walk on unit ☐ within facility

☐ No. 

Is the safety coach allowed to directly assist with transfers? ☐ Yes ☐ No ☐ NA

Is the patient safe to sit on the edge of the bed unsupervised? ☐ Yes ☐ No

Precautions/WB status: ___________________________________________

Level of help: ☐ Supervision ☐ Contact guard/MinA ☐ ModA ☐ MaxA ☐ TotalA

Transfers

Device(s) required? ☐ Yes. If yes, what? ____________________________________________ ☐ No

Ambulatory transfers with ____________________________________________________________.

Stand Pivot: Transfer towards: ☐ R side ☐ L side

Modified Stand Pivot: Transfer towards: ☐ R side ☐ L side Arm rest: ☐ Remove ☐ Do not remove

Slide Board (remove arm rest): Transfer towards: ☐ R side ☐ L side

Stand Assist Sling lift PT name __________________________________________ Pager # _________

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