Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

TRANSFER / BED MOBILITY ASSESSMENT

Name:	**PARIS ID:**
DOB: **Age:**	**PHN:**
Gender:	**Phone:**
Home Address:	

Assessment Start Date: **Assessment End Date:**   **Carried Out By:**

Transfers

Assessed By: Assessment Date:

Transfer Surface - From: Transfer Surface - To:

Amount of Assistance - Current:

Number of Helpers:

Technique - Current:

Equipment:

Concern:

Transfers Comments

Bed Mobility

Activity	Amount of Assistance - current	Number of Helpers	Equipment - current	Concern
Rolling to right				
Rolling to left				
Moving up in bed				
Moving down in bed				
Bridging				
Lying to sitting				
Sitting to lying				

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Side to side _____ _____ _____ _____ _____

Sitting independently without support _____ _____ _____ _____

Sleeping Position

☐ Supine   ☐ Semi-prone   ☐ Fowler

☐ Side lying right   ☐ Prone   ☐ Semi-fowler

☐ Side lying left   ☐ Head of bed raised   ☐ Other:

Comments:

Physical Components

Activity	Amount of Assistance - current	Number of Helpers	Equipment - current	Concern
In sitting lean forward and return (trunk control)				
In sitting lean forward and lift hips off surface				
Sit to stand				
Stand to sit				
Take weight through leg/legs				
Other:				

Comments:

Risk Factors Affecting Transfers

1) Physical - e.g. fatigue, tone, pain, hearing, vision loss, edema, skin problem, incontinence, altered sensation, ROM, muscle strength, footwear, balance:

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2) Cognitive / perceptual - e.g. memory, insight, attention, following direction:

3) Behavioural - e.g. aggression, impulsiveness, agitation:

4) Communication - e.g. aphasia, language barrier, hearing:

5) Environmental - e.g. space, height of transfer surface, floor, lighting, noise, condition of equipment:

6) Caregiver - e.g. adequate assistance, level of knowledge & skills, physical limitations:

Summary and Recommendations

Client's Impression of Own Performance:

Analysis and Recommendations:

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Name:	PARIS ID:

Needs

Need	Post to C/P	Processed	Comments

Casenotes

> **Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

--- End of Report ---