# Equipment Evaluation Form

Once completed please e-mail this form to care-requests@icare.nsw.gov.au and include the following in the subject header: Equipment Evaluation [Person’s name and number] [icare contact name]

## Person’s information

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Participant No. or Claim No. |
|   |   |   |
| Title | Age |
| [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other:  |   |
| Address  |
|   |
| Equipment being evaluated |
|   |
| Method of evaluation |
| [ ]  Home visit [ ]  Clinic appointment [ ]  Other:  |

## Equipment evaluation

|  |
| --- |
| Comment on the person’s use of this equipment and how it meets the goal as stated on the equipment request form:  |
|   |

|  |  |
| --- | --- |
| Is the person and all users safe using the equipment? | [ ]  Yes [ ]  No  |
| Has the required set up, installation and customisation occurred? | [ ]  Yes [ ]  No [ ]  N/A  |
| Has the person been instructed on organising repairs and maintenance of the equipment? | [ ]  Yes [ ]  No [ ]  N/A  |
| Have user guides / fact sheets / manuals / handouts been provided to assist the person with equipment use and maintenance?  | [ ]  Yes [ ]  No [ ]  N/A  |
| Has the person been informed of which service / facility to contact to organise a review of the equipment if his / her needs change?  | [ ]  Yes [ ]  No [ ]  N/A  |
| If No is ticked in any of the above, please select a reason and provide comment: [ ]  Person’s circumstances have changed[ ]  Equipment requires adjustment or repair[ ]  Incorrect equipment or customisation[ ]  Care provision or environment has changed[ ]  OtherComment:  |

## Action to resolve problems

|  |
| --- |
| What actions have already been taken to resolve these problems? |
|   |
| Are further actions required? | Provide details: |
| [ ]  Yes [ ]  No  |   |

## Agreement

|  |
| --- |
| Is the person in agreement with above? |
| [ ]  Yes[ ]  No - provide details:  |

## Details of person completing this form

|  |  |
| --- | --- |
| Name  | Qualification |
|   |   |
| Phone number | Email address |
|   |   |
| Address  |
|   |
| Days/Hours available: |
|   |
| Signature | Date |
| Signature |   |
|  | **icare**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au |