# Equipment Evaluation Form

Once completed please e-mail this form to [care-requests@icare.nsw.gov.au](mailto: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  Other  Comment: | |

## 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.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au | |