

Mobility & Transfer Skills Assessment

Client Name:

Date of Assessment:

Assessor:

Mobility Skills

Skill	Independent	With Assistance	Unable	Notes
Bed Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Sit to Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Standing Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Stair Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Transfer Skills

Transfer Type	Independent	With Assistance	Unable	Notes
Bed to Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Chair to Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Chair to Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Chair to Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Assistive Devices Used

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Additional Notes / Recommendations

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