

Demonstration Request



ASSESSMENT (Office Use Only)			
Date:		Time:	
Venue:			

In order for us to provide a service we need to gather and record personal information. Sometimes, we need to share basic information with suppliers and other professionals.

The information you supply is never sold and is only retained in order to help us provide you with appropriate equipment.

Do you agree to this use of the information you provide? Y N

Do you agree with this statement? Y N

Would you like to be added to our mailing list? Y N

Permission given by: _____ please print

Name					
Address					
Telephone Number					
Mobile Number					
Email Address					
Medical Condition					
Height					
Weight					
Age					
Referral Details					
Assessment Requested By					
Contact Details					
Address					
Telephone Number					
Email					
Funding					
How did you hear about us?					
	Armchair	Bed	Bathlift	Powerpack	Ramp
Access to Property					
Access to Power					
Disposal of old equipment					
Pressure Issues					
Additional details i.e. wheelchair details for powerpack					