

PORTSMOUTH

HealthCare

NHS
TRUST

HANDLING PROFILE

Name	Code A	Date of Birth	Code A
Hosp. No	Code A	Location	<i>Dorchester</i>
Care Group	<i>SSSA</i>	Weight	<i>117.8 kg</i>
Diagnosis	<i>CVA</i>		

PATIENT/CLIENT RISK FACTORS eg	EFFECTS OF RISK FACTORS ON ABILITIES/HANDLING NEEDS	
COMMUNICATION COMPLIANCE PAIN SKIN INTEGRITY CLIENT/CARER PREFERENCE	<i>Dysphasic</i> <i>Intact</i>	
ENVIRONMENTAL RISK FACTORS		
EG. PRESSURE RELIEVING MATTRESSES	<i>pressure relieving mattress in situ</i>	
ADDITIONAL HANDLING CONSTRAINTS		
EG. I.V.I, URINARY CATHETER	<i>Cx Helenis @</i>	
Date of Assessment Name of Assessor Signature of Assessor Designation of Assessor	<i>26/4/99</i> <i>P. B. REED</i> <i>P. Reed</i> <i>C.N.</i>	RE-EVALUATION