

Dental Manual Handling Instruction Card




























The Village Dentist

Patient Name _____

Carer Details _____

Referred by _____

Visit Number	1	2	3	4	5	6
Date						
Completed By						

BED MOBILITY	IN AND OUT OF BED	SIT TO STAND	MOBILITY	TOILETING	SEATING
NIL ASSISTANCE REQUIRED	NIL ASSISTANCE REQUIRED	NIL ASSISTANCE REQUIRED	NIL ASSISTANCE REQUIRED	NIL ASSISTANCE REQUIRED	STANDARD CHAIR
SUPERVISION	SUPERVISION	SUPERVISION	SUPERVISION	SUPERVISION	RECLINER/ASSISTED LIFT CHAIR
 COACHING/ ASSISTANCE 1 PERSON	 COACHING/ ASSISTANCE 1 PERSON	 COACHING/ ASSISTANCE 1 PERSON	 COACHING/ ASSISTANCE 1 PERSON	 COACHING/ ASSISTANCE 1 PERSON	WHEELCHAIR
 ASSISTANCE 2 PERSONS	 ASSISTANCE 2 PERSONS	 ASSISTANCE 2 PERSONS	 ASSISTANCE 2 PERSONS	 ASSISTANCE 2 PERSONS	WATER/TUB/ CARE CHAIR
 MONKEY RING	PULL TO STAND TRANSFER AID	PULL AT RAIL	 WALK BELT	 STAND UP HOIST	 ASSISTANCE 2 PERSONS
 SLIDE SHEET	 WALK BELT	PULL TO STAND TRANSFER AID	WALKING AIDS: • STICK • FASF • WHEELED WALKER • PICK UP FRAME	 GENERAL HOIST	 GENERAL HOIST
 GENERAL HOIST	 STAND UP HOIST	 WALK BELT	 UNABLE		
	 GENERAL HOIST	 STAND UP HOIST			
		 UNABLE			

DENTAL MANUAL HANDLING