

ASSISTIVE TECHNOLOGY INVENTORY LIST

Individual:

Date AT Inventory was Initiated:

Assistive Technology	Location AT is Used (indicate the locations AT is used in the shaded boxes below. Indicate with a check mark if AT listed in the 1 st column is used in this location)			Contact Person (refer to contact code at the bottom of the page)
Communication System (Device, Mount, Switch)				
Environmental Control				
Mobility (wheelchair-describe removable parts. Walker, cane, gait belts, transfer equipment, etc.)				

To make changes to the list, the contact person should cross out item(s) that are no longer recommended or write in new items. Initial and date the change. Describe the reason for the change if necessary.

Contact Person Code: (if you are the contact person for any AT on this list, write your name and phone # next to a number below then enter that number in the contact code column of the form)

- 1. _____ 2. _____
- 3. _____ 4. _____

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<p>Alternative Positioning</p>																						
<p>Mealtime</p>																						
<p>ADL (bathing, dressing, oral hygiene, etc.)</p>																						
<p>Other: <u>No</u> medical technology (i.e. enteral feeding equipment, mattress, bed, bedrails or equip identified in Health Care Plans) and <u>No</u> home modifications (i.e. ramps, grab bars, items affixed to the home)</p> <table border="1" data-bbox="175 1218 954 1606"> <thead> <tr> <th data-bbox="175 1218 701 1255">Items</th> <th data-bbox="701 1218 834 1255">yes</th> <th data-bbox="834 1218 954 1255">no</th> </tr> </thead> <tbody> <tr> <td data-bbox="175 1255 701 1293">Dentures/Partials</td> <td data-bbox="701 1255 834 1293"></td> <td data-bbox="834 1255 954 1293"></td> </tr> <tr> <td data-bbox="175 1293 701 1331">Glasses</td> <td data-bbox="701 1293 834 1331"></td> <td data-bbox="834 1293 954 1331"></td> </tr> <tr> <td data-bbox="175 1331 701 1369">Hearing Aids</td> <td data-bbox="701 1331 834 1369"></td> <td data-bbox="834 1331 954 1369"></td> </tr> <tr> <td data-bbox="175 1369 701 1476">Splints/Orthotics (if yes describe below)</td> <td data-bbox="701 1369 834 1476"></td> <td data-bbox="834 1369 954 1476"></td> </tr> <tr> <td data-bbox="175 1476 701 1606">Other (list below)</td> <td data-bbox="701 1476 834 1606"></td> <td data-bbox="834 1476 954 1606"></td> </tr> </tbody> </table>	Items	yes	no	Dentures/Partials			Glasses			Hearing Aids			Splints/Orthotics (if yes describe below)			Other (list below)						
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