



Client Mobility Plan

Client Name: Date:			Client Weight: Room:	
Procedure	Type	✓	Equipment (check all that apply)	✓
Reposition	Up in bed Turn in bed In chair		Repositioning/turning sheet Anti-slip reposition sheets (chair)	
Transfer (weight-bearing)	Independent unsupervised Independent supervised Minimal assistance Two-person side-by-side One-person pivot Two-person pivot Mechanical transfer device		Transfer board Transfer belt (size S-M-L-XL) Patient handling sling Transfer disk Patient turner Glider board Sit-stand device	
Lift (non-weight-bearing)	Lifting device Side-by-side Front and back Shoulder		Portable mechanical lift Bariatric portable mechanical lift Ceiling mechanical lift Bariatric ceiling mechanical lift Specify equipment and sling size:	
Lateral slide/transfer (non-weight-bearing and reclined)	Bed to/from stretcher or bed Bed to/from reclined chair		Slider board Slider sheet Roller board Mechanized/powered platform device Lateral air mattress/slide technology	
Other (specify)				