TRANSFER STATUS ON THIS DOCUMENT IS ONLY TO BE CHANGED BY DESIGNATED STAFF		
	Level of Assist Needed	Suggested Equipment Check all applicable boxes:
	INDEPENDENT Patient/resident is independent with assistive device and/or verbal cues.	Cane Walker Wheelchair Other:
	MINIMAL ASSIST Patient/resident requires touching/ steadying, and can assist with most activities. Can bear weight for greater than seconds.	Gait/walking belt Cane Walker Wheelchair Friction-reducing device Other:
	MODERATE ASSIST Patient/resident can assist with some activities. Can bear weight, but for less than seconds.	Sit-to-stand liftFriction-reducing deviceSlide boardWheelchairOther:
	MAXIMUM ASSIST Patient/resident is dependent and/ or minimally assists with activities. Unable to bear weight.	Total body lift Friction-reducing device Lateral transfer device Air lift mat Slide board Other:

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