



Case Study Record Form

Child's Name: Date of Birth:

Child's Condition:

Centre at which trial took place:

Address and type of centre (eg. School, CDC):

Child's History: Surgery, equipment currently used etc.:

Description of product being trialled / assessed. Please give details of product and accessories used and the length of the trial:

Benefits: Please use the following categories:

Medical and general health benefits:

Emotional benefits:

Practical benefits:

Family life benefits:

Verdict of Mother or Carer:

Therapist's conclusion and overall summary of results

Any observed or anticipated risks or contra-indications

Statement: In the opinion of the therapist, could this product be used by the planned group of users in home / other environments?

Please give a short analysis of the benefits and risks.

Example: Benefit: Child has excellent support.
Risk: Mum very small and would need a hoist.

Declaration: I believe that I have recorded the trial of this product in a truthful and professional manner.

Signature:

Name (print):

Job Title: