



Case study record form

Child's Name: D.O.B

Child's Condition:

Centre at which trial/study took place:

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

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

Description of product being trialled/assessed. Please give details of the product and accessories used, the length of the trial, any other information etc.

Benefits: Please use the following categories:

Medical and general health benefits:

Emotional benefits:

Practical benefits:

Family life benefits:

Verdict of Parent/Carer: (Their story or thoughts)

Can we contact Parent/Carer for a human interest story and/or photos and a comment we can use on our website?

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 (eg. 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: