



# Clinical Evaluation Form DBO Patient Chair

## Your Details

Name:

Position:

Hospital:

Contact Number:

## Network Forum

If you would like to share your results and see the results of others trialing the DBO Patient Chair tick box

## Overall Impression

Excellent  Good  Fair  Poor

Comments

## Patient Safety

Excellent  Good  Fair  Poor

Comments

## Ease Of Cleaning

Excellent  Good  Fair  Poor

Comments

## Ease Of Use (Staff)

Excellent  Good  Fair  Poor

Comments

## Patient Experience

Excellent  Good  Fair  Poor

Comments

Manoeuvrability For Cleaning/Positioning

Excellent  Good  Fair  Poor

Comments

Pressure Management Qualities

Excellent  Good  Fair  Poor

Comments

Cushion Design

Excellent  Good  Fair  Poor

Comments

Comfort

Excellent  Good  Fair  Poor

Comments

Stability

Excellent  Good  Fair  Poor

Comments

Appearance

Excellent  Good  Fair  Poor

Comments