

- This information is for the relative/representative of: _____
- This information has been sent to: _____

(If you are not the most appropriate person to consider this information, please pass this information onto the most appropriate person).

- The above named resident has been identified as a high falls risk due to:
 - A recent fall or recent falls; _____
 - An assessment which has identified the resident as a high falls risk; _____
 - Other _____

 - As a result, Soft Shell Hip Protectors are recommended for the above named resident as they are a risk of falling and fracturing a hip.
 - Please read the other enclosed information being:
 1. Information about Hip Protector products in general
 2. A copy of an order form – for pricing and information purposes
 - If you have any further queries, please speak to the facility's Clinical Nurse Consultant.
 - Clinical trials regarding the effectiveness of Soft Shell Hip Protectors is available upon request to the Physiotherapy Consultant.
- *Please note that the documentation provided about HipSaver states that wearers of the product are not guaranteed against injury.

Facility Representative & Designation:

Respresented Facility:

Signed:

Date:

----- PLEASE TICK YOUR REPLY, AND SIGN BELOW -----

- I consent for the above named resident to receive the recommended 'Full kit' of 'Nursing Home' soft shell Hip Protectors.
I would like the custom measurement and order to be made by a representative of the Residential Care Facility
I understand the invoice will be sent to me and that I will be responsible for the financial cost.

- I acknowledge the recommendation; however request the facility take no further action regarding this recommendation.
(If at any point you do organise the purchase Hip Protectors yourself, we do ask if you could please let the Consulting Physiotherapist know so that their name can be added to the register of residents wearing Hip Protectors).

- Other response: _____

Signed:

Name of resident representative (you):

Date:

❖ **Once you have completed the bottom half of this form, please return this form to the facility. It will in turn be passed on the Physiotherapy Consultant. You do not need to return any of the other information sheets provided to you.**