

*First name						*Surname														
*NHS No													*DOB	<input type="checkbox"/>	D	M	M	Y	Y	Y



\*Denote Mandatory Field

Think.....



# Are you at risk of pressure ulcers?

**Low risk** You can change your position, without help or prompting. You have a good appetite and no acute health problems.

**Medium risk** You may have reduced mobility and require prompting to move regularly. You may have occasional incontinence and a poor appetite.

**High risk** You cannot change your position, without help or prompting. You may have persistent incontinence, poor appetite and poor general health.

## There are things we need to know when we're not around.....

- Tell us** if you're not eating as much as you used to
- Tell us** if you think there's a problem with your cushion/mattress
- Tell us** if you're not moving as much as you used to
- Tell us** if you have a sore bottom or sore heels / hips / elbows
- Tell us** if you have a chest or urine infection
- Tell us** if you are having incontinence problems
- Tell us** if you're sleeping in your chair rather than the bed

**Tell us:**

Think.....



**All of the above increase your risk of developing a pressure ulcer and move you from low risk green, to high risk red.**