



### Fit Assessment for Bariatric Transports

To program the appropriate fit before each bariatric transport, please fill out this form completely.

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Reference #: \_\_\_\_\_

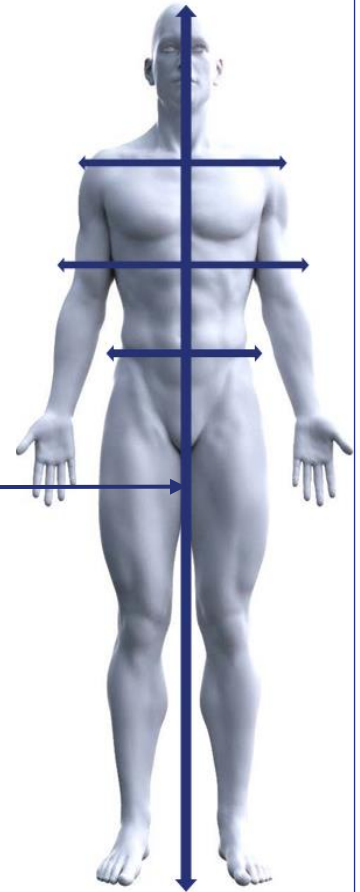
Maximum shoulder-to-shoulder width \_\_\_\_\_ cm or in →

Maximum thorax width, including both arms \_\_\_\_\_ cm or in →

Maximum body width at the hips \_\_\_\_\_ cm or in →

Patient's weight: \_\_\_\_\_ lb or kg

Patient's height: \_\_\_\_\_ cm or in

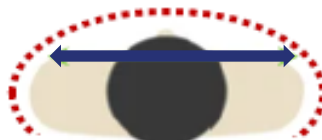


**Patient's mobility**

- Full assist to stretcher
- With assistance
- No assistance

**Patient's transport position**

- Supine     Prone
- Fowlers     Semi-fowlers
- Trendelenburg
- Right or     Left lateral recumbent



Please measure when the patient is lying down straight at the widest points according to the blue line and not the red line

### Transportation Instructions

\_\_\_\_\_

Full name & title of person completing this form

Date