



Bariatric Seating OT Assessment Checklist

Clinical Assessment Guide for Prescribing Bariatric Seating

This clinical assessment checklist assists Occupational Therapists in evaluating, prescribing, and justifying bariatric seating solutions for individuals with complex mobility needs. It is designed to support evidence-based clinical documentation suitable for NDIS assistive technology funding and clinical reporting.

1. Client Information

- Client Name
- NDIS Participant Number
- Date of Assessment
- Occupational Therapist Name
- Referring Organisation
- Primary Diagnosis

- Relevant Medical History

2. Functional Profile

- Independent mobility
- Requires assist for transfers
- Full assistance required for transfers
- Limited sitting tolerance
- Unable to reposition independently
- Cognitive function appropriate for equipment use

3. Anthropometric Measurements

- Client weight recorded
- Client height recorded
- Seat width measured
- Seat depth measured
- Backrest height measured
- Armrest height measured
- Footrest height assessed

4. Weight Capacity & Structural Requirements

- Client weight within safe working load
- Reinforced bariatric frame required
- High-capacity mechanism required
- Enhanced stability required

5. Pressure Management Considerations

- History of pressure injury

- Skin integrity concerns
- Extended sitting periods
- Pressure redistribution cushion required
- Ventilation / heat management required

6. Postural Support Requirements

- Pelvic alignment support required
- Spinal support required
- Lateral trunk support required
- Head and neck support required
- Arm support positioning required
- Foot support positioning required

7. Functional Features Required

- Lift assist required
- Recline functionality required
- Zero gravity positioning required
- Electric controls required
- Adjustable armrests required
- Side transfer capability required
- Carer control required
- Lockable castors required

8. Environmental Considerations

- Home access suitable
- Space available for bariatric chair

- Floor surface stable
- Carer access adequate
- Power supply available

9. Clinical Justification

- Standard seating unsuitable
- Risk of injury without bariatric seating
- Improves independence
- Reduces carer strain
- Improves circulation and pressure management
- Long-term durable solution required

10. Recommended Equipment

Recommended chair model: _____

Weight capacity required: _____

Seat width / configuration: _____

Additional accessories: _____

11. Expected Clinical Outcomes

- Improved posture and positioning
- Reduced pressure injury risk
- Increased comfort for extended sitting
- Improved independence
- Reduced carer burden
- Improved overall safety

12. Therapist Declaration

Occupational Therapist Name: _____

Signature: _____

Date: _____

Clinical Support: Oz Interior by Design – NDIS Approved Provider, ISO 9001 Quality Endorsed, Australian Manufacturer and Mercedes-Benz VanPartner.