## Standing trial log

For use under the direction of an authorized healthcare professional to record progress with standing trial.

| Standing goal 1: |  |  |  |  |  | Standing goal 2: |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Date |  |  |  |  |  |  |  |  |  |  |  |  |
| Vitals signs before | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\mathrm{BP}:$ HR: | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \mathrm{BP}: \\ & \mathrm{HR}: \end{aligned}$ | O2: RR: | $\mathrm{BP}:$ HR: | O2: RR: | $B P$ : <br> HR: | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ |
| Transfer status (include managing chest and knee supports) |  |  |  |  |  |  |  |  |  |  |  |  |
| Level of assistance for operating stand feature |  |  |  |  |  |  |  |  |  |  |  |  |
| Time spent standing |  |  |  |  |  |  |  |  |  |  |  |  |
| Degree of upright |  |  |  |  |  |  |  |  |  |  |  |  |
| Verbal or physical reactions before/after standing |  |  |  |  |  |  |  |  |  |  |  |  |
| Results/changes for Goal \#1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Results/changes for Goal \#2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Other changes/benefits noted |  |  |  |  |  |  |  |  |  |  |  |  |
| Vitals signs after | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \mathrm{O} 2: \\ & \mathrm{RR}: \end{aligned}$ | BP: <br> HR: | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ | $\begin{aligned} & \text { BP: } \\ & \text { HR: } \end{aligned}$ | $\begin{aligned} & \text { O2: } \\ & \text { RR: } \end{aligned}$ |

## Additional comments:

## Once completed, please return to (Fax/Email):

## Attn:

The information collected on this form is intended to enhance communication between the health care professional and authorized Permobil provider as it relates to the provision of a standing power wheelchair. This form is intended to be used as a template only and will not be collected or retained by Permobil. If you have any questions about how Permobil uses personal data, including protected health information, please visit privacy.permobil.com.|*| Ph 800.736.0925 | Fax 800.231.3256

