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| Patient details & Physio/OT delegating | Bed space | Mobility aid & assistance needed & distance to mobilise | Exercises(Bed/chair/standing) | Functional Task Practice (Bed/toilet transfers) | PTA/ O’Log | ACC705 | Equipment to issue (List) | *AHA Delegated Name* | *Completed & notes written* | *Not complete (detail why)* |
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