

Occupational Therapy Minor Home Modification

Occupational Therapist

Name:
 Organisation:
 Phone:
 Email:
 Days Available:

Client

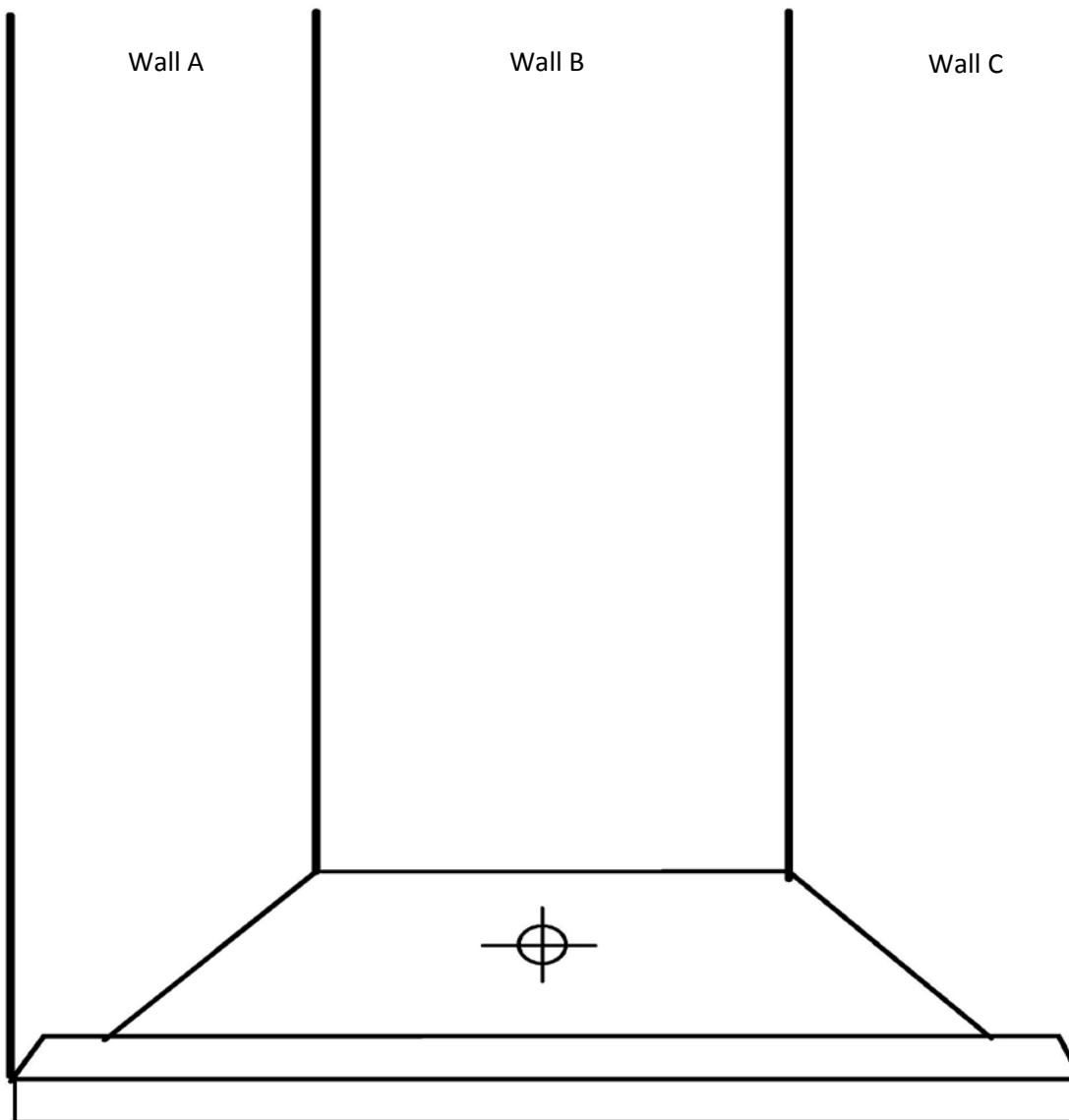
Full Name:
 Address:
 Phone:
 DOB:
 Contact Person:

Date:

Shower Recess: Continuous Grabrail - Specify type.....

- main bathroom
- ensuite
- other (specify).....

Draw continuous grabrail and record dimensions in mm on



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Shower Recess: Continuous Grabrail – Specify type

Location: main bathroom ensuite other (specify).....

Occupational Therapy Specifications

Install a continuous grabrail on Walls

Diameter of grabrail.....mm.

Lowest fixing point above shower recess/bathroom floor surface to bemm

Grabrail to commencemm from

Grabrail to finishmm from

Colour/finish (if required).....

Wall type Stud Solid Fibreglass Uncertain

Weight of client (if over 100kg)kg

Other

.....
.....
.....

OT Signature: _____

Date: _____

Not to scale All measurements in mm

Note: Grabrails must be secured to studs at both ends. Lengthen to fit studs, if required. If technical difficulties arise please contact the Occupational Therapist prior to or after completion of the work. If the client wishes to alter the specifications please contact the Occupational Therapist prior to work commencing.

Disclaimer: The recommendations contained in this form are made after consultation with the client and an investigation of the client’s circumstances and needs. Their purpose is to outline steps required to be taken for the benefit of the client, having regard for his or her disabilities. They do not purport to reflect other than limited knowledge on the part of the Occupational Therapist of structural considerations and building codes. Any queries, concerns or alterations considered necessary for compliance with current building regulations must be discussed with the Occupational Therapist before quoting for the cost of the work and before the work proceeds. The Occupational Therapist accepts no responsibility for supervision of the work or for the quality of the workmanship.