

Occupational Therapy Minor Home Modification

Occupational Therapist

Name:
Organisation:
Phone:
Email:
Days Available:

Client

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

Date:

Shower Recess:

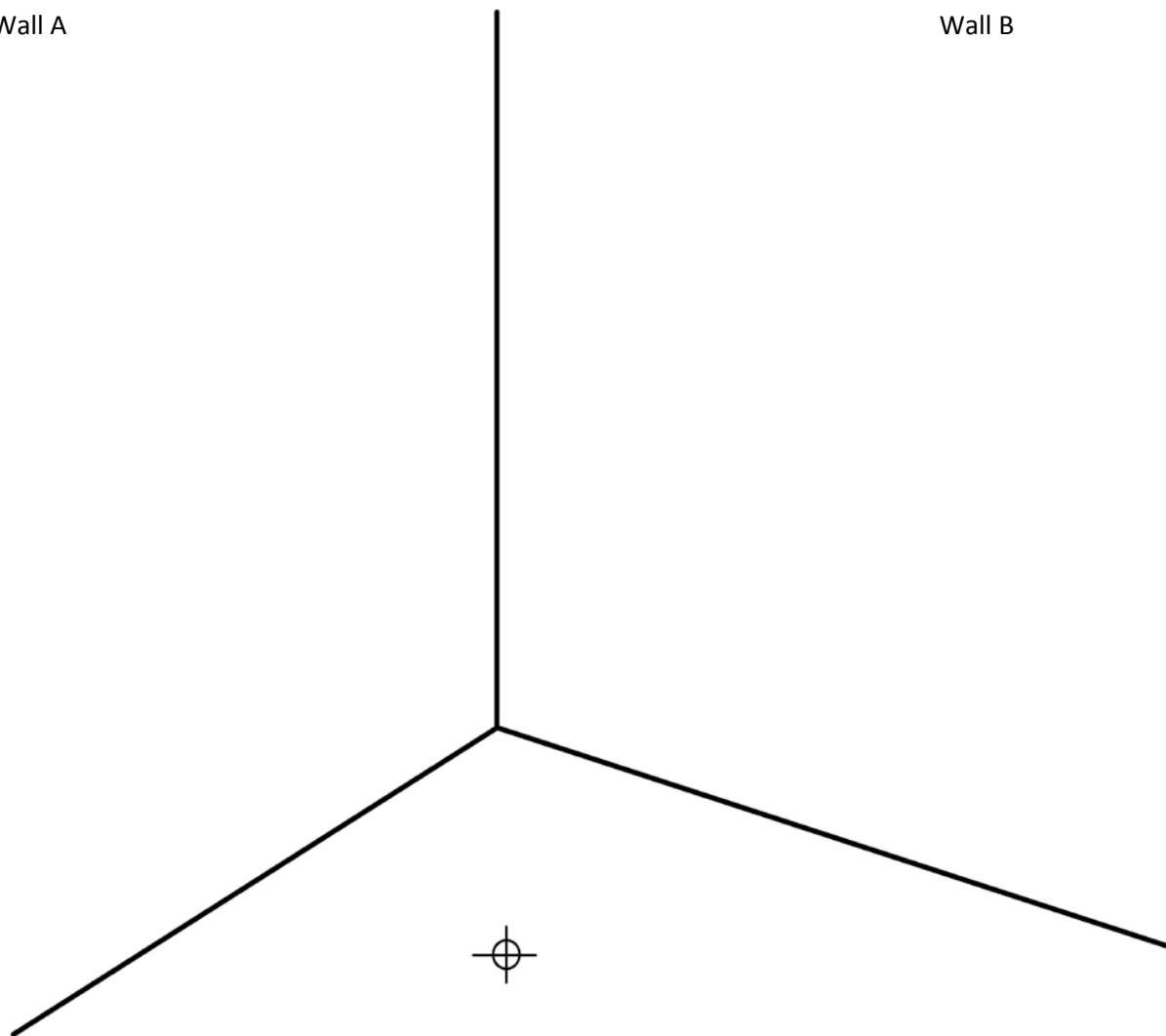
Location:

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

Draw features required and record dimensions in mm on diagram

Wall A

Wall B



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Date:

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

Occupational Therapy Specifications

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

OT Signature: _____ **Date:** _____

Scale: Not to scale All measurements in mm

Note: Grabrails/shower head support grabrail must be secured to studs at both ends. 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.