## **Occupational Therapy Minor Home Modification**

Occupational Thera Name: Organisation: Phone: Email: Days Available: Shower Recess: Location: main bathrood ensuite other (specify) Draw grabrail(s) and dimensions in mm o	Grabrail(s) om /)	Client Full Name: Address: Phone: DOB: Contact Person:	Date:
	Wall A	Wall B	Wall C

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Occupational Therapy I	Minor Home Modification
Occupational Therapist Name: Organisation: Phone: Email: Days Available: Shower Recess: Grabrail(s)	Client Date: Full Name: Address: Phone: DOB: Contact Person:
Location: main bathroom ensuite of	ther (specify)
Occupational Therapy Specifications	
Distance from corner of walls	eter of grabrailmm. bathroom floor surface to bemm
Distance from corner of walls	eter of grabrailmm. /bathroom floor surface to bemm
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.

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