Occupational Therapist Report

Summary of Recommendations for Home Modifications

PLEASE IMMEDIATELY REPORT ANY HEALTH OR SAFETY ISSUES TO THE MAINTENANCE LINE 1800 422 322

Date:				
Property Address:		Client Name:		
Occupational Therapist (name):			Contact number:	
Identified Disability/Barrier	Requested related Home Modification ¹		Details ²	Critical Items ³
e.g. Unable to hear smoke alarms	e.g. Install strobe light smoke alarm in hallway and kitchen		Page 8	X
e.g. unable to shower upright	e.g. Install hand held shower with slider vertical bar in shower recess		Page 3	Х
e.g. arthritis in both wrists	e.g. Lever tap handles to all taps in bathroom, laundry and kitchen		Page 4	X
e.g. Unsteady approaching door entry	e.g. Grab rail outside door		Page 2	X
e.g. Unsteady using shower	e.g. Grab rail inside shower recess		Page 3	X
e.g. Balance support to use toilet	e.g. Grab rail x 3, wall mounted			X
e.g. Unable to negotiate hob at shower	e.g. Remove hob			
e.g. Unable to use stairs in home	e.g. Install chair lift			
e.g. Requires wheelchair access from gate to front door	e.g. Ramp and ass rails to rise 1100m			
e.g. Requires wheelchair access from back door to	e.g. Ramp and rails to rise 300mm			

Notes:

- 1. Details, measurements and specifications of the requested home modifications must be contained in the body of the OT Report.
- 2. Reference where the item is included in the OT Report.
- 3. OT to mark critical items with an 'X'. Critical items enable the tenant to live safely within their home. LAHC to action as per MODS (Safety Response), and items marked as critical to be completed within 72 hours from when the Contractor is supplied with all drawings with correct measurements.
- 4. This template shows the minimum set of four (4) columns. Additional columns can be added as directed/approved by a LAHC Delegated Officer

