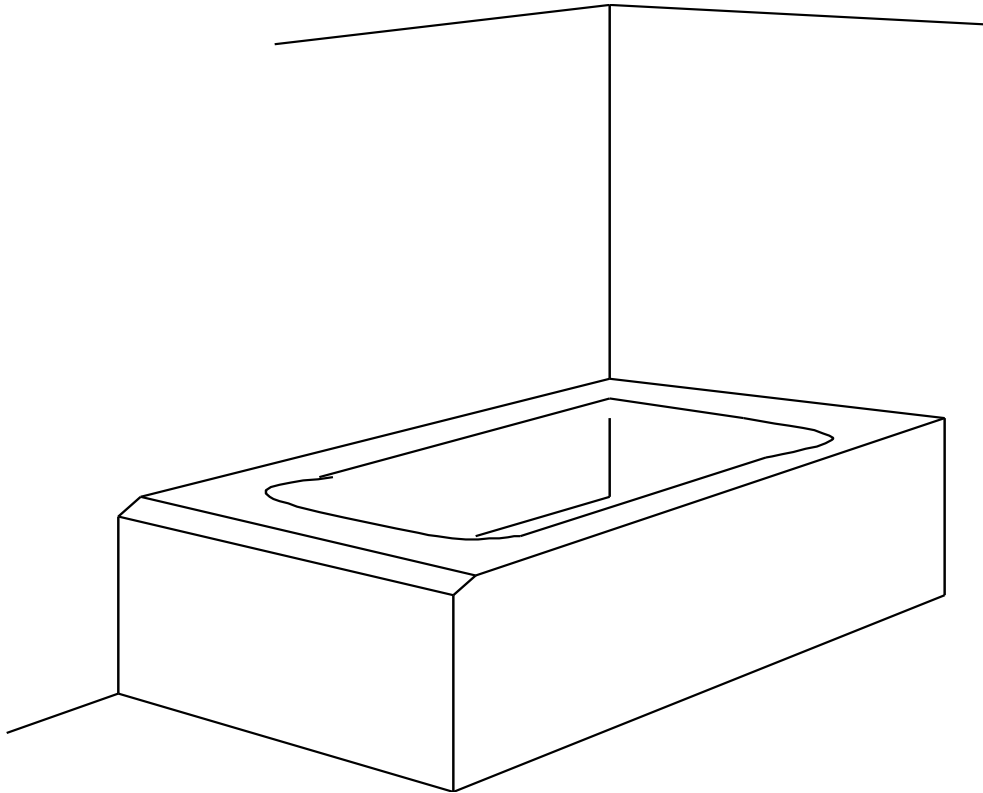


<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**BATH/SHOWER OVER BATH**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

<b>RECOMMENDATIONS</b>

- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
- Placement of Home Modifications may vary according to existing building materials i.e. position of studs, fixtures etc.
- Please contact therapist if position varies *significantly* from diagram

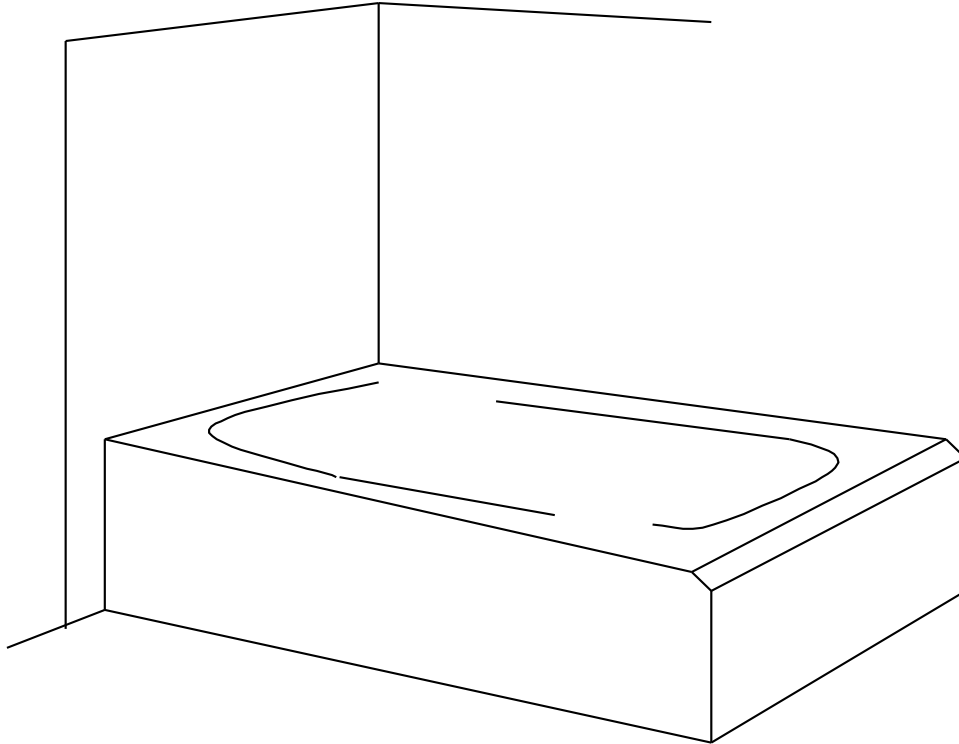
Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT NAME

ADDRESS

PHONE

**BATH/SHOWER OVER BATH**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

**RECOMMENDATIONS**

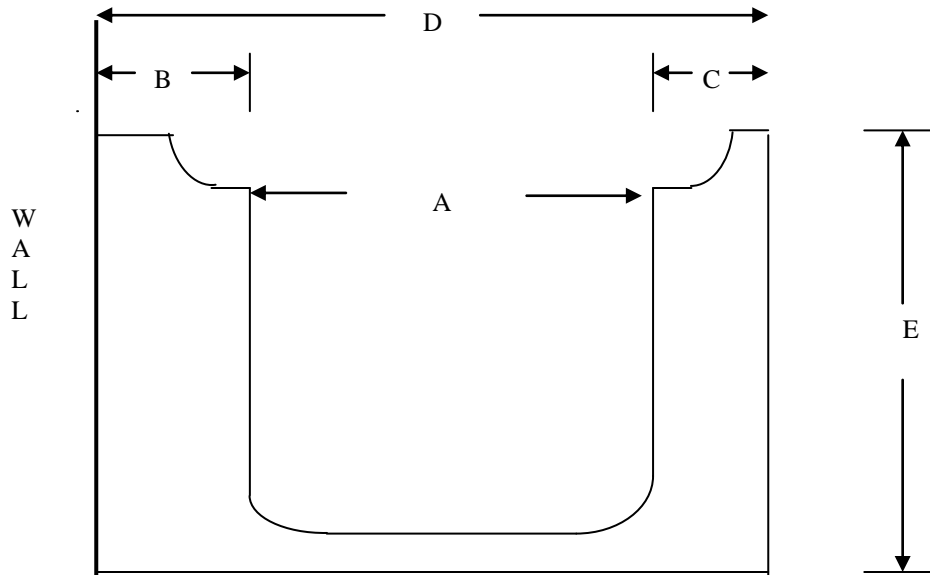
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- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
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- Please contact therapist if position varies *significantly* from diagram

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**BATHBOARD/RAISED BATHBOARD**



- A = mm – inner width of bath
- B = mm – width of lip at wall edge
- C = mm – width of outer lip
- D = mm – total width from wall to outside bath edge
- E = mm – height of bath – floor to top  
(only use for extended bath boards )

<b>SHOWER SCREEN PRESENT:</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If screen present measure distance from wall to inside of screen. = _____ mm	

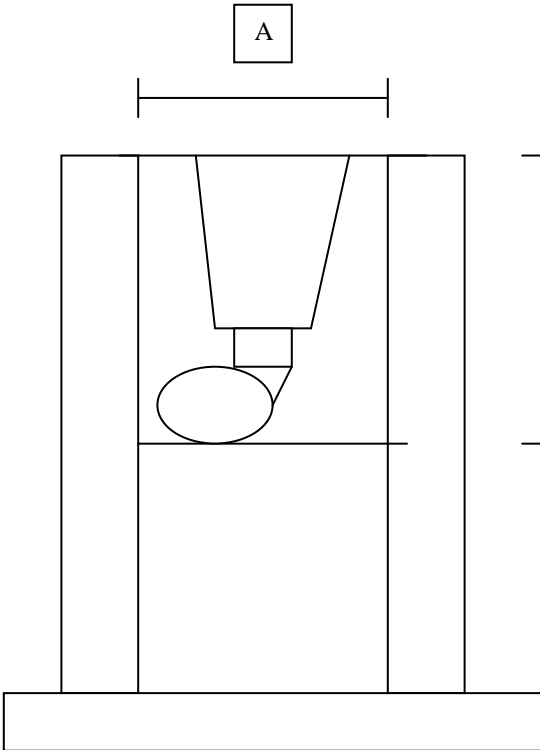
IF RAISE REQUIRED = _____ mm	<b>NOTE: ABSOLUTE MAXIMUM RAISE = 200 mm</b>
------------------------------	--

- Diagram only not to scale
- If this request falls outside the recommended maximum rise, clinical justification will be taken as priority by the referrer signing below.
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- Please contact therapist if position varies *significantly* from diagram

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**BOX RAISER**



<p>A = _____ mm – greatest total width of leg + castor</p> <p>B = _____ mm – total height of leg + castor</p> <p>RAISE REQUIRED = _____ mm</p> <p><b><u>Absolute maximum rise =150 mm</u></b></p>
---

**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

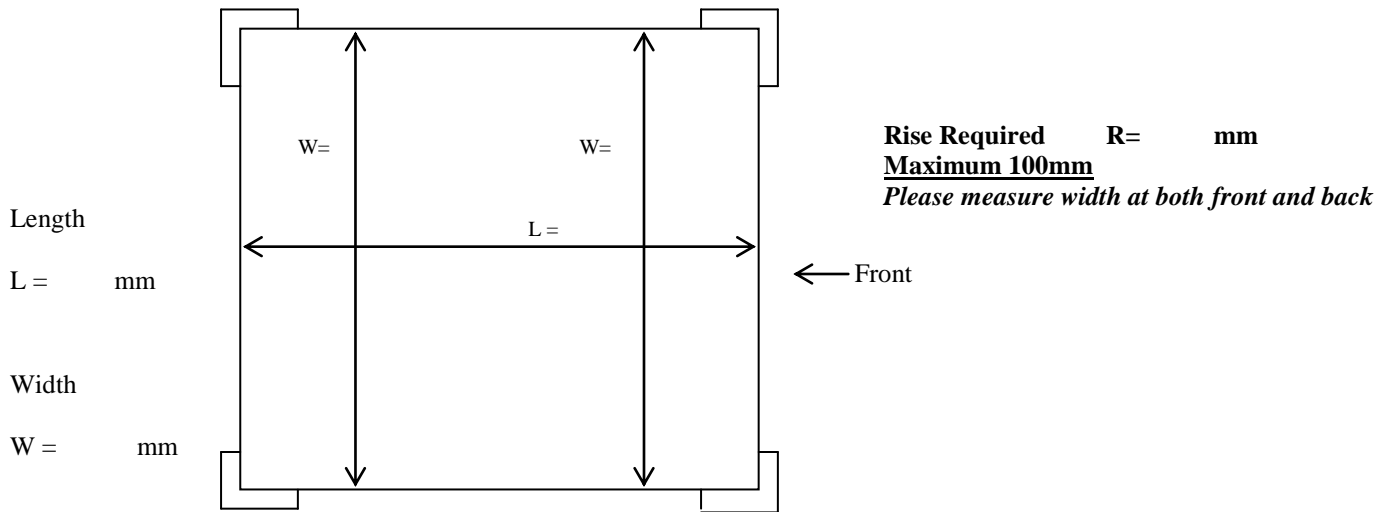
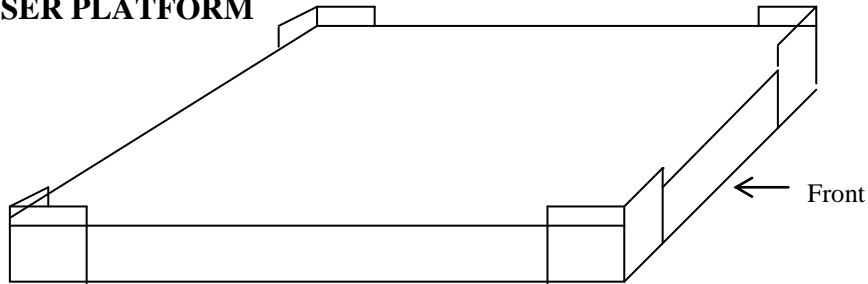
**RECOMMENDATIONS**


- Diagram only not to scale
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- Please contact therapist if there is a *significant* variation from the diagram

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**CHAIR RAISER PLATFORM**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

<b>RECOMMENDATIONS</b>

- Diagram only not to scale
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- Please contact therapist if there is a *significant* variation from the diagram

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT NAME
ADDRESS
PHONE

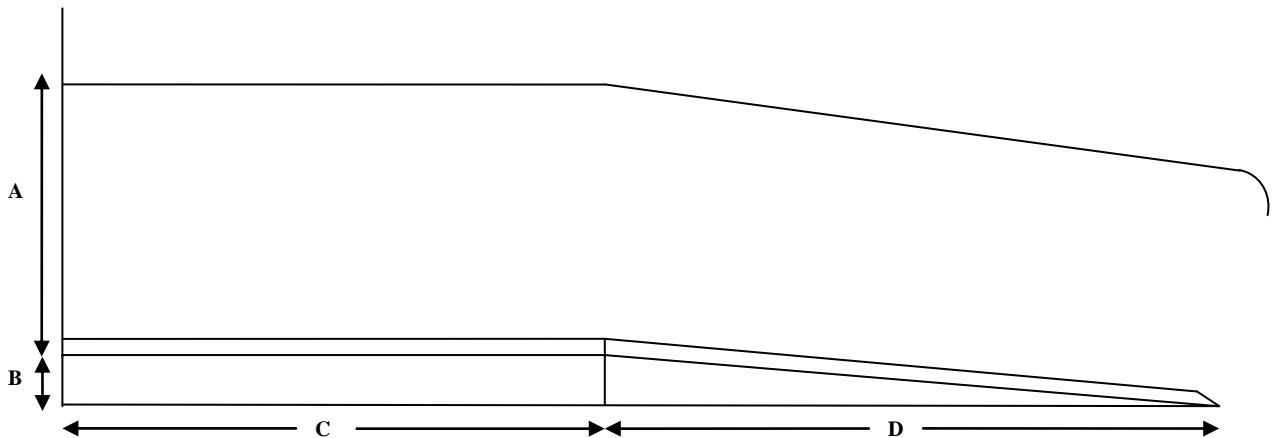
**RAMPS, LANDINGS and HANDRAILS (More than 35mm rise)**

**Ramps and Landings must have KERBS fitted in accordance with Australian Standards 1428 .1 - 2009**

Internal / External Ramp      Fix ramp to ground Yes / No      Non-slip tread required Yes / No

Floor Base; Wood / Concrete / Tile / Grass / Other

Handrail required Yes / No Handrail height A (mm) \_\_\_\_\_ Handrail fixed to; Wall / Ramp / Into ground / Other



**HEIGHT OF RAMP (Rise) B (mm) \_\_\_\_\_**

Rise > 35mm < 190mm - Gradient 1:10 - Maximum Length 1900mm – Minimum landing length 1200mm

Rise > 190mm - Gradient 1:14 - Minimum landing length 1200mm.

Where there is a change of direction up to 90 degrees the Minimum landing width and length shall be 1500mm

Ramps to have a minimum 1000 mm clear width (allow 1200mm if ramp has a handrail on each side)

**LENGTH OF RAMP D (mm) \_\_\_\_\_**

**WIDTH OF RAMP (mm) \_\_\_\_\_**

**LENGTH OF LANDING C (mm) \_\_\_\_\_**

**WIDTH OF LANDING (mm) \_\_\_\_\_**

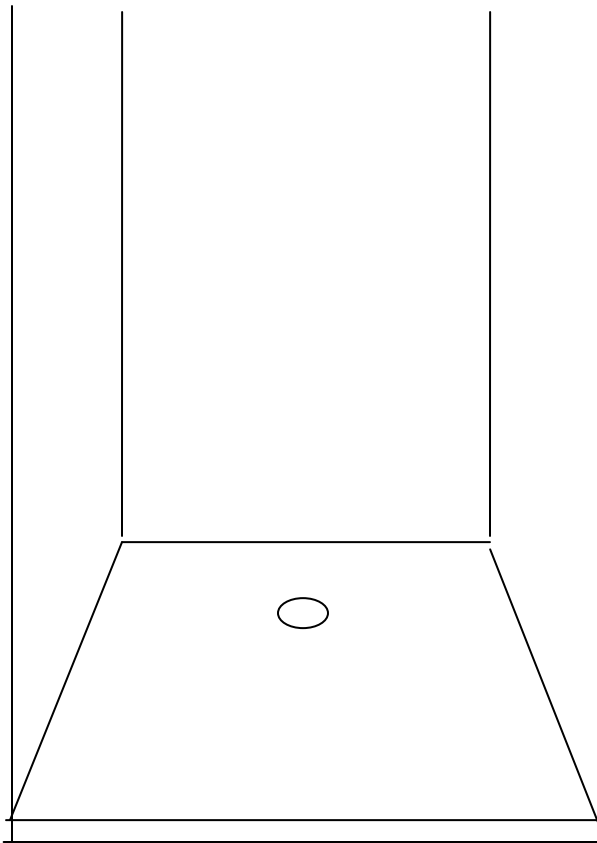
<b>RECOMMENDATIONS</b>	<b>NB: MEASUREMENTS <i>MUST</i> BE INCLUDED WITH DIAGRAM</b>

- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
- Placement of Home Modifications may vary according to existing building materials
- Please contact therapist if position varies *significantly* from diagram

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**SHOWER RECESS  
(FRONT)**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

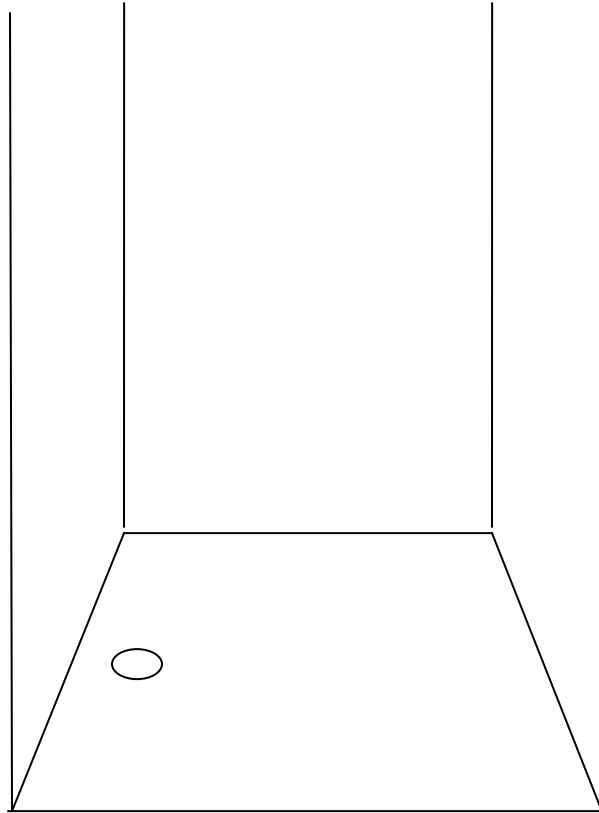
<b>RECOMMENDATIONS</b>

- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
- Placement of Home Modifications may vary according to existing building materials i.e. position of studs, fixtures etc.
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**SHOWER RECESS  
(LEFT SIDE)**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

<b>RECOMMENDATIONS</b>

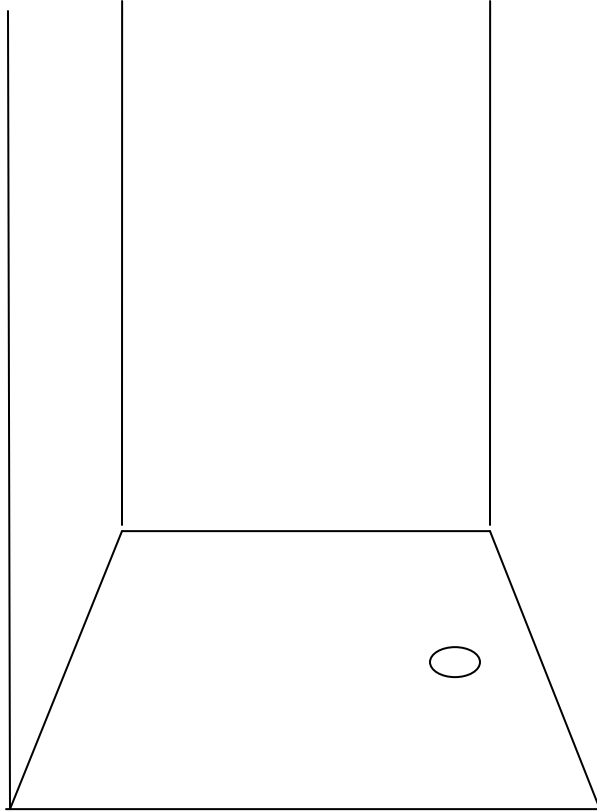
- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_



<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**SHOWER RECESS  
(RIGHT SIDE)**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

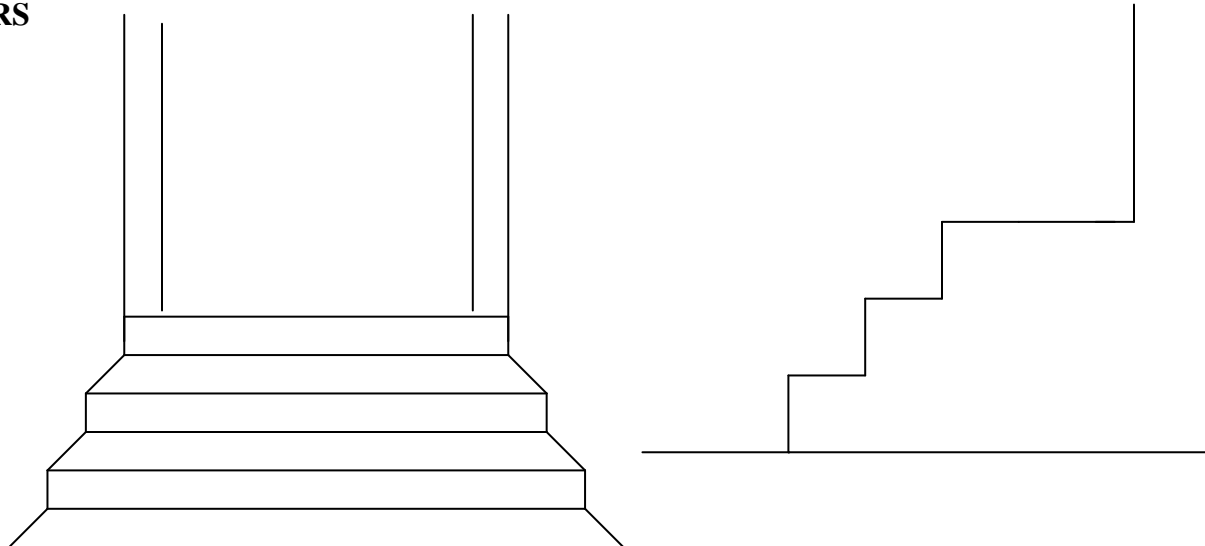
<b>RECOMMENDATIONS</b>

- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**STEPS/STAIRS**



Please note: - Steps that have the top step or landing more than 1 meter from the ground require balustrade under the Australian Building Code.

**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

<b>RECOMMENDATIONS</b>

- Number of treads \_\_\_\_\_ Type (Material) \_\_\_\_\_ Landing present Yes  No
- Wall surface \_\_\_\_\_ Ground Surface \_\_\_\_\_
- Fix rail to Wall  Onto ground  Into ground  Type of rail- Wood  Metal
- Diagram only not to scale
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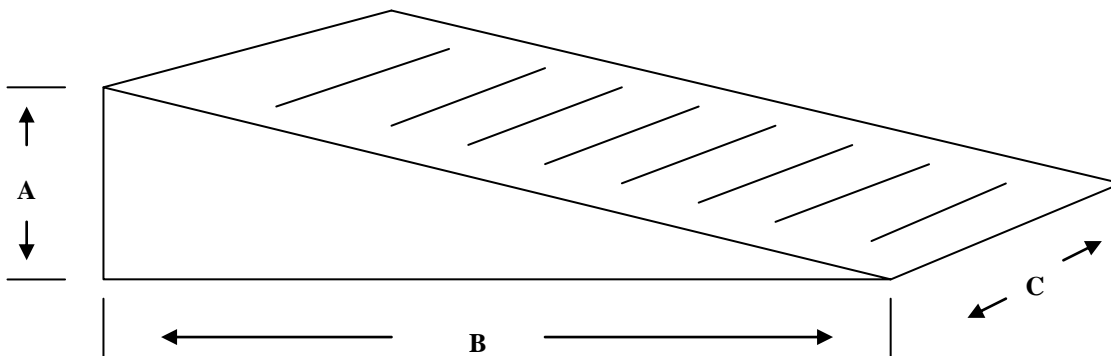
Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**THRESHOLD RUBBER RAMPS (Less than 35mm rise)**

**Internal / External Ramp**      **Fix ramp to ground** Yes / No      **Non-slip tread required** Yes / No

**Floor Base**    **Wood / Concrete / Tile / Grass / Other**



**A =**                    **HEIGHT OF RAMP**  
Maximum Rise 35mm - Maximum Gradient 1:8 – Maximum Length 280mm  
Minimum 1000 mm clear width

**B =**                    **LENGTH OF RAMP**

**C =**                    **WIDTH OF RAMP**

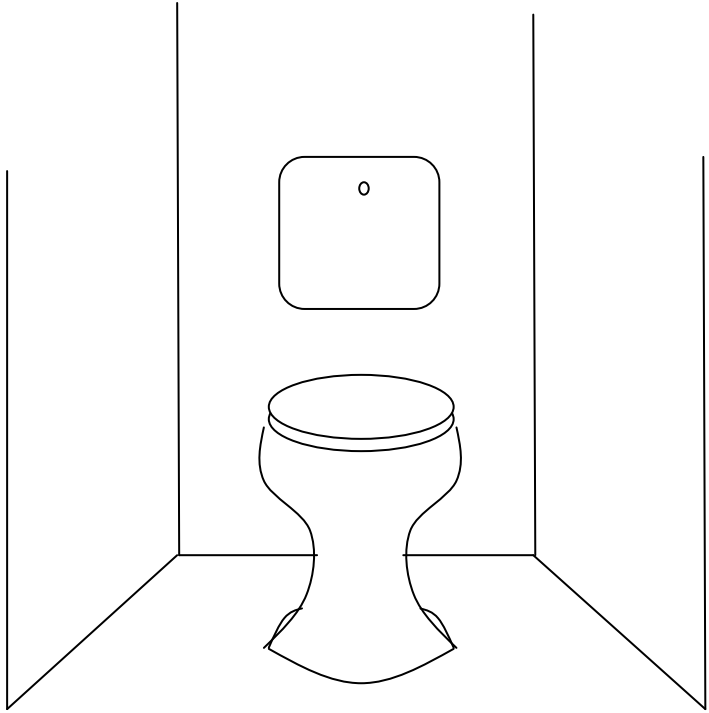
<b>RECOMMENDATIONS</b>	<b>NB: MEASUREMENTS <i>MUST</i> BE INCLUDED WITH DIAGRAM</b>

- Diagram only not to scale
- Please ensure that the recommended Home Modifications are in accordance with Australian Standards 1428 & 4299. (If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below).
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT NAME</b>
<b>ADDRESS</b>
<b>PHONE</b>

**TOILET FRONT**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

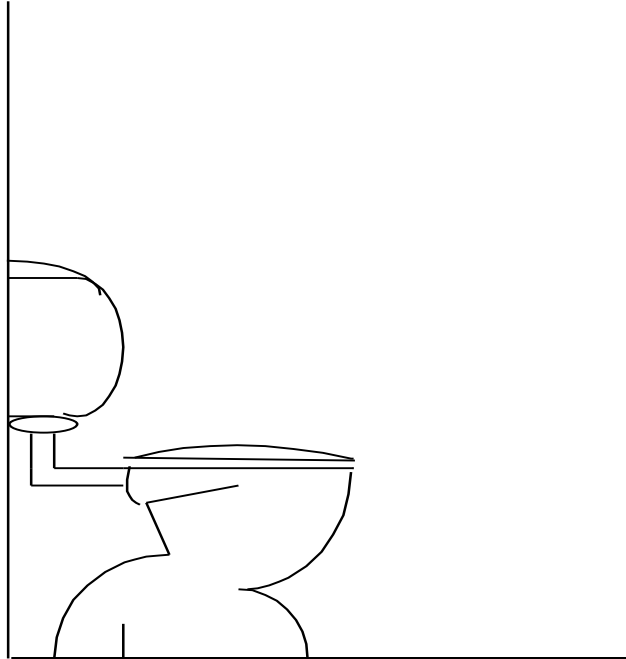
<b>RECOMMENDATIONS</b>

- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT NAME
ADDRESS
PHONE

**TOILET LEFT SIDE**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

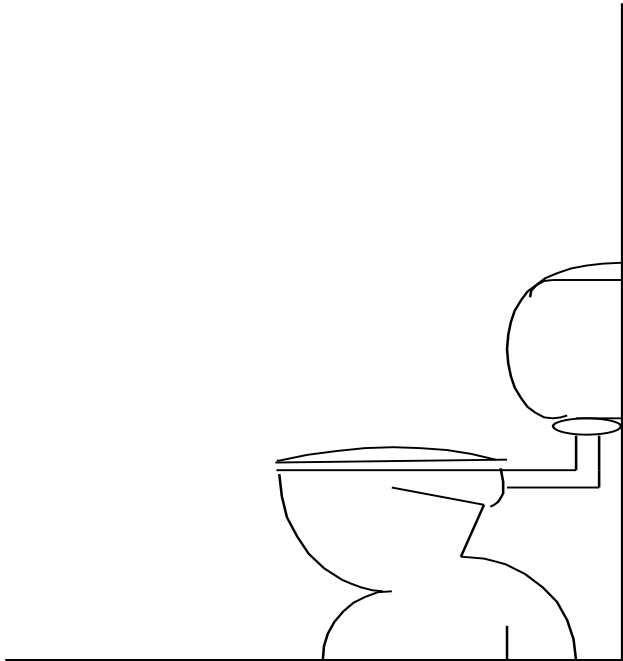
<b>RECOMMENDATIONS</b>

- Studs located Y/N \_\_\_\_\_ Wall Surface \_\_\_\_\_
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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT NAME
ADDRESS
PHONE

**TOILET RIGHT SIDE**



**NB: MEASUREMENTS *MUST* BE INCLUDED WITH DIAGRAM**

<b>RECOMMENDATIONS</b>

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Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_