## PROFORMA

HOMESSA Inc

COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) HOME MODIFICATION SERVICE

Servicing the Aged Care Planning Region of Wide Bay

OCCUPATIONAL THERAPY REPORT

(Prior to completing this report please refer to “Further Information for Completing Proforma” attached as page 4-5)

INFORMATION CONTAINED WITHIN THIS REPORT IS CONFIDENTIAL

|  |  |
| --- | --- |
| SURNAME |  |
| GIVEN NAME |  |
| ADDRESS |  |
| PHONE NUMBER |  |
| DATE OF BIRTH |  |
| REFERRAL AGENCY |  |
| DATE OF VISIT |  |
| DATE OF VIDEO/S |  |
| PRESENT AT VISIT |  |

PLEASE REFER TO CHECK LIST TO CONFIRM YOU HAVE INCLUDED EVERYTHING REQUIRED

[ ]  Application Form completed and signed by Client

[ ]  Photos

[ ]  Video

[ ]  Diagram of proposed modification layout

[ ]  Placement and measurements of all fitting and aids required

[ ]  Report signed and dated

DETAILS OF MODIFICATION REQUEST:

* Has the client trialed Minor Modifications prior to submitting their Major Modification application?
* Provide information on what simple options have already been trialed and why they didn’t work or no longer meet the client’s needs or would be deemed unsuitable to trial.
* Provide details of the requested modification - Include details on grab rail locations and height, toilet set out and height (if applicable), basin/vanity unit size and height, shower details (i.e. HHS with second pin height), Shower/Basin mixer or taps, lever handles etc.,
* Discuss why the particular modification is the preferred one.
* Ensure the report details to what degree the modification will provide enhanced safety, quality of life, independence and if it will prevent premature or inappropriate institutionalisation

DISABILITY/MEDICAL CONDITION:

Current status and prognosis (if known):

NB: If the client has had recent joint replacement surgery (eg THR or TKR) and is expected to show good recovery they will not be considered for major modifications. The exceptions to this general rule are those people who have severe OA or RA and have long term mobility and self care problems, despite their joint replacement.

LEVEL OF MOBILITY:

* Provide a description of general mobility, any aids used and how (if at all) the client is able to gain access to the community.
* Be specifically descriptive of functional abilities, and the components of a task the client is unable to perform and why.

SUPPORT SERVICES:

* Are they receiving other services i.e. Blue Nursing Service, Meals on Wheels, Home Care, Community Aged Care Package etc?

DETAILS OF CURRENT HOUSING SITUATION:

* Size and construction of accommodation:

 Include approximate age and condition of home and general description of the home.

* Details of existing occupants and relationship between them:

 State who owns the home and who lives in it.

 How long client has lived there?

 Has alternative accommodation been discussed/considered?

* External Access:
* Internal Access:
* Bathroom:
* Toilet:
* Kitchen:
* Laundry:
* Other:
* Provide a short description of problems experienced in each of the above areas.
* If there are no problems in a particular area, provide a short statement i.e. ‘no difficulty noted’ and comment if you think future action may be needed (i.e. ramp may need to be installed within the next twelve months).
* Note any previous modifications carried out and who arranged them.

The client was advised that the final approval rests with the Home Modifications Advisory Committee.

Name:

Signature:

Date of Report:

**INFORMATION FOR COMPLETING PROFORMA**

**Please note**

1. An occupational therapists’ report will not be considered by the Home Modification Advisory Sub-committee unless a Major Modification application form accompanied with video assessment has been received. The Major Modification application form must be signed by the client or their power of attorney.
2. For an occupational therapists’ report to be considered for review by the Home Modification Advisory Sub- Committee the report will need to state that minor modifications have been trialled and proved unsuccessful and/or the occupational therapist deems that minor modifications would be unsuitable for that particular client to trial.

All applications will be prioritised on the basis of:

* Those modifications that will improve the clients’ and/or carer’s health and safety while attending to essential ADL.
* Those modifications that will increase the client’s independence while performing essential ADL.
* Those modifications that will enhance the client’s and/or carer’s quality of life in essential ADL.
* Those modifications that will improve the client’s access to the community. Mention how often the client accesses the community (shopping, services, clubs etc.) and/or their immediate out door environs (garden, patio neighbours etc.) at present and how it will improve with having the modification carried out.

Provide information on how the modification will achieve any or all of the above priorities.

Example:

The proposed modification (installing a toilet inside a house) is therefore requested to:

1. Aid safety while attending to essential activities of daily living (to avoid falls on steps while accessing existing outdoor toilet).
2. Increase independence (to enable use of the toilet without assistance).
3. Enhance quality of life (by eliminating need for Porta Potti or bedside commode chair).

DIAGRAMS:

* Please provide clear diagrams of the current layout and of the proposed modification, if possible. Include all relevant measurements. Photos attached to your reports are also very useful.
* Please use AS 1428.1 2009 and AS 1428.2 *1992 Design for Access and Mobility* as a comprehensive general guide when designing your modifications. Part 1 covers General Requirements and Part 2 Enhanced and Additional requirements.

RECOMMENDATIONS:

* Please provide clear, directive and detailed recommendations on your proposed solution; i.e. specify low hob or hobless shower area, particular floor surfaces, taps or hand showers and handrails etc.
* Please specify placement and measurements of all fittings and aids.
* Please do not hesitate to contact the Home Modification Project Officer if you wish to discuss options prior to submitting your report.
* Just recommending that a client needs a modification does not address the necessary criteria to enable a prioritised justifiable approval.

VIDEO ASSESSMENT:

* The Committee has decided that ALL future applications be accompanied by a video.  If the client is unable for some reason to perform the task associated with the application, they still require a video.  This could be of the client performing a task related to the actions required to which the modification applies i.e. sitting and standing or of some kind of transfer if the application relates to using stairs or stepping over a shower hob.  It may also include how well they will perform a task if the modification is completed i.e. independently using a ramp with their wheelchair.
* The main reason for requesting all applications have a video attached is to facilitate the accuracy of the decision making by the Major Modifications Committee when prioritizing the client’s application.  It reduces the effect the report writing skills of the Occupational therapist has on the application/committee decision.  The decision has resulted from observations and discussions during Major Modification Committee meetings.  The more accurate decision making by the Major Modifications Committee the fairer for all applicants, particularly when needing to prioritize one client over the other.
* The client or their power of attorney need to sign and date the Major Modification application form as this includes their consent for the video.