

HOSPITAL OCCUPATIONAL THERAPIST: HOME MODIFICATIONS ASSESSMENT



This form is for use by Hospital Occupational Therapists providing home modifications assessment services to the TAC and WorkSafe Victoria (WorkSafe). The information in this form is for use by the organisation which has requested it and will not otherwise be exchanged with any other party, except in accordance with law. Please see section 10 of this form for further information.

IMPORTANT

- Please type or use block letters and ensure that all sections are complete
- All incomplete forms will be returned. Please provide reasons if you are unable to complete a section.

1. Client/worker details

Client/worker name		Type of claim	
<input type="text"/>		TAC <input type="checkbox"/> WorkSafe <input type="checkbox"/> Agent <input type="checkbox"/>	
Address of property to be modified		Claim number	Telephone number/email/fax
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		Date of birth	Date of injury/accident
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postcode		Employer	Employer telephone number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Pre-injury occupation	<input type="text"/>	Date of assessment	Date report submitted
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

1a. If currently an inpatient, please outline which hospital, the current discharge plan and the anticipated discharge date

Comments in this section should relate to decisions made about where and who the client/worker will live with after discharge from hospital, and, how long is it expected they will reside in the house which is being assessed for modifications. Detail the client/worker's anticipated household/social situation.

Not applicable

2. Property details

2a. Home ownership

Please select the ownership status of the property being assessed

Client/worker owned Co-owned Private rental Public rental Family owned Other, e.g. Senior Masters

Additional comments

Where ownership is other than the client/worker, provide more details, e.g. name of real estate agency and contact number

Has the property had previous modifications funded by the TAC or WorkSafe? Yes No

If 'yes', please outline previous modifications completed

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Is the owner of the property aware of potential modifications? Yes No

Have you had any discussions or contact with the property owner about potential modifications? Yes No

If 'yes', please outline the nature of the discussions

2b. Structure of property

Please describe the construction type, e.g. brick or weatherboard, colour bond or tiled roof, approx age or era, concrete slab or timber stumps

Not known

2c. Description of property

Please describe the layout and size, e.g. 3 bedroom residence with central bathroom and two living areas, single garage, porch at front and back entrances, medium sized home = approx 20 square metres, block size approx 500 – 600 square metres, level block, etc.

Not known

2d. Special conditions

Please outline any special conditions or considerations, e.g. heritage listed

Not known

3. Further information about transport accident/work-related injuries

3a. Updated injury/medical status details

Provide updated injury, medical information, treatment, or subsequent health condition details in addition to those already provided to the TAC/Worksafe Agent. Please provide the information source, e.g. treating medical practitioner, physiotherapist, etc.

3b. Pre-existing and non-accident/injury related conditions

Document any pre-existing injuries, medical conditions, age related or subsequent non-accident/injury related conditions that you identified during your assessment. Please provide the source of the information, e.g. treating medical practitioner

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4. Social situation

4a. Pre-injury social circumstances

Detail the client/worker's living arrangements, social background, relationship status and other information relevant to the need for home modifications.

4b. Proposed living arrangements (including post discharge, where appropriate)

Comments in this section will relate to decisions that have been made about where and who the client/worker will live with (including post-discharge, where appropriate) and how long is it expected they will reside in the house which is being considered for modification. Detail the client/worker's expected long-term household/social situation and household supports as well as the client/worker's current family support and any known future plans or changes to this.

5. Key findings of functional assessment

- Current functional status, including functional outcomes on discharge, outlining anticipated optimum level of independence and participation in personal care and domestic activities within the home
- Provide details of any supervision, assistance, funded services or gratuitous care that the client/worker requires to perform these activities
- Consider whether training in the use of adaptive techniques, equipment and the provision of services by a community occupational therapist or other healthcare professional are currently in use or would enable the client/worker to increase his/her independence
- Please comment on the impact of any other non-accident/injury related issues on the client/worker's function
- Please include information regarding the client/worker's participation in domestic ADL (Activities of Daily Living) prior to the transport accident/work injury.

Example	Current status	Expected future level of independence
<i>Mobility</i>	<i>e.g. cannot walk, uses wheelchair</i>	<i>e.g. Limited walking with bilateral crutches following six months rehabilitation treatment</i>

OT Assessment	Current status	Expected future level of independence
Mobility <i>Including the ability to use stairs and ramps</i>		
Transfers		
Mobility aids, taking into consideration typical footprint and circulation space required		
Upper limb Hand function and reach		
Lifting and carrying		
Functional cognitive status		
General safety		

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Personal ADL	Current status Including impact of physical, cognitive or behavioural issues on client/worker's independence	Expected future level of independence
Toileting		
Dressing		
Showering/bathing		
Grooming		
Other		

Domestic ADL	Current status	Expected future optimum level	Who completed this task prior to the accident?
Meal preparation			
Cleaning			
Laundry			
Other			

Community Activities/ Access	Current status	Expected future level of independence
Recreation and leisure		
Driving and/or transportation in vehicle/cars		
Work and study issues		

6. Goals of the proposed home modifications

In nominating goals, consider the area of the home and what your recommended specifications for home modifications will achieve

Area of the Home	Goal	Functional Skill
<i>Example: Bathroom</i>	<i>Example: Gina will be able to shower independently and safely after bathroom modifications</i>	<i>Example: Mobility, general safety</i>

7. Recommendations

You should detail the client/worker's existing home environment and provide clinical justification for any and all home modification recommendation(s). Recommended specifications for access must be consistent with Australian Standards 1428.1 unless specifically referenced as an 'exception'.

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You should include:

- Recommendations, having considered all reasonable options
- Recommendations should reflect consideration of the requirements of the legislation to pay the reasonable costs of home modifications reasonably required as a result of the client/worker's accident/work injury and TAC/WorkSafe policy
- Clinical justification for each aspect of your recommendations
- Recommendations, having read the *Record of Minutes* where a site meeting has taken place
- Specific details to ensure recommendations for home modifications are comprehensive and meet the client/worker's home modification needs
- Where relevant, details of any related modifications or equipment currently being used by the client/worker
- Where appropriate, provide diagrams and/or digital photographs of the home areas requiring modification
- Note the client/worker's or family preferences separately to the assessor's recommendations, where applicable
- Under each area/room requiring modification below, please detail any changes required to door widths, fixtures, fittings, floor coverings etc.

Example: Bathroom

Current situation
<i>Existing bathroom has a shower over the bath. No other bathroom in the home provides wheelchair-accessible shower area</i>
Recommendation
<i>Removal of bath and installation of a level-entry shower recess with hand-held shower hose and thermostatic mixing valve</i>
Clinical justification
<i>The client is now wheelchair dependent for all mobility and requires use of a mobile shower chair to enable her to shower independently, with no further change in mobility status anticipated. Hand-held shower hose and thermostatic mixing valve are required to ensure safety due to sensory loss</i>

External

Front access

Not applicable

Current situation
Recommendation
Clinical justification

Other access

Not applicable

Current situation
Recommendation
Clinical justification

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Car parking

Not applicable

Current situation
Recommendation
Clinical justification

Internal

Bedroom suitable for client/worker to use (preferably located on ground floor)

Please include doorways, flooring, lights, fixtures/fitings, door handles and light switches where applicable

Not applicable

Current situation
Recommendation
Clinical justification

Living areas

Please include doorways, flooring, lights, fixtures/fitings, door handles and light switches where applicable

Not applicable

Current situation
Recommendation
Clinical justification

Hallway/internal steps to enable access to a suitable bedroom and bathroom

Please include doorways, flooring, lights, fixtures/fitings, door handles and light switches where applicable

Not applicable

Current situation
Recommendation

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Clinical justification

Bathroom/toilet that would be suitable for client/worker to use (preferably located on ground floor)

Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, shower hose, etc. where applicable

Not applicable

Current situation
Recommendation
Clinical justification

Kitchen

Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable

Not applicable

Current situation
Recommendation
Clinical justification

Laundry

Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable

Not applicable

Current situation
Recommendation
Clinical justification

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Other/not included above, please list

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Not applicable

Current situation

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Recommendation

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Clinical justification

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Heating/cooling

Please note, this modification applies only to client/workers with medically diagnosed thermoregulation impairment

Please provide details of current heating and cooling systems

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8. Priorities for discharge, where appropriate

Is a staged process for building modifications appropriate? Yes No

Comments, e.g. *first stage is to enable access for safe discharge from hospital, second stage is modifications to enable long-term use of the house by the client/worker*

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Please note, all recommendations must consider Australian Disability Standards AS1428.1 unless specifically referenced as an 'Exception'.

9. Additional comments/other attached information

Other attached information or additional comments, please specify

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Assessor Occupational Therapist details

Provider name, address and phone number
Use practice stamp where possible

Signature

Days/hours available

Date

10. Personal and Health Information

TAC

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

WorkSafe

Personal and health information collected by WorkSafe on this form is used for the purpose of processing, assessing and managing claims under Victorian workers' compensation legislation. It may also be used for other related purposes including legal proceedings arising under legislation, to assist with a worker's rehabilitation and return to work and to assist WorkSafe and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, WorkSafe and the Agent of the injured worker's employer may disclose personal and health information about the worker to each other and to the following types of organisations:

- employees, contractors and agents of WorkSafe and WorkSafe Agents;
- employers of the injured worker;
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim;
- the Accident Compensation Conciliation Service and Medical Panels;
- a court or tribunal in the course of criminal proceedings or any proceedings under any of legislation which WorkSafe administers;
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent.

WorkSafe's Privacy Policy is available at the nearest WorkSafe office or at www.worksafe.vic.gov.au