OT PROJECT SUMMARY

Job Number:		**Date:**	
Client Name:		**Client Phone:**	
Client Address:			
OT Name:		**OT Phone:**	
OT Email:			

	YES	NO	N/A		YES	NO	N/A
EPA / Decision Maker Present				**Mobility device(s) used**			
Cognition				**OSH**			
Vision				**Bariatric**			
Active Falls				**Support Staff**			
Asbestos				**Aged Care Charter**			

Comments ____________________

WORK REQUESTED

Equipment & Assistive Technology

Home Modifications

Building structure

- [ ] Double Brick
- [ ] Stud Frame
- [ ] Other ______________________