

Minor Adaptations Request

Priority: NON-URGENT

*Urgent order are those that need to be completed within 24 hours.
Please only select this option if this timeframe is needed*

Client details

Name: Click or tap here to enter text.

Property tenure: Choose an item.

DOB: Click or tap here to enter text.

Weight: Click or tap here to enter text.

If private rented, please detail landlord/housing association details:
Click or tap here to enter text.

Address:
Click or tap here to enter text.

Has landlord given consent: Choose an item.

Contact details for access: Click or tap here to enter text.

Referrer details

Name: Click or tap here to enter text.

Team/Job Title: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Signature*: Click or tap here to enter text.

Hazards

Detail any hazards i.e. potential violence, dangerous animals

Click or tap here to enter text.

Type of Adaptation (tick all required and complete the further information boxes)

<i>Key safe</i>	<input type="checkbox"/>	Location: Click or tap here to enter text.			
<i>Internal Grab Rails</i>	<input type="checkbox"/>	Size (12", 18" or 24")	Quantity	Precise Location (including measurements)	Direction (vertical, horizontal, diagonal)
		Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.
		Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.
		Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.
		Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.

* By signing you are confirming the customer has given consent to make this request

Type of Adaptation

		Style	Quantity	Precise Location (including measurements)	Wall or floor mounted
<i>Drop arm rail</i>	<input type="checkbox"/>	Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.
		Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.
		Detail any extra requirements (e.g. ridged rail, contrasting colour etc) Click or tap here to enter text.			

		Location	Direction
<i>Newel Rails</i>	<input type="checkbox"/>	Choose an item.	Choose an item.
		Choose an item.	Choose an item.
		Choose an item.	Choose an item.
<i>Second Stair Rail</i>	<input type="checkbox"/>	Location	Description (ie Straight, left turn, right turn, number of sections of rail needed): Click or tap here to enter text.
		Choose an item.	

		Type and size	Quantity	Precise Location (including measurements and length of hand rail)
<i>External Rails</i>	<input type="checkbox"/>	Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Click or tap here to enter text.
Detail any extra requirements (e.g. ridged rail, contrasting colour etc) Click or tap here to enter text.				

		Location	No. of platforms	Height of step	Tread length	Step Width
<i>Half Step</i>	<input type="checkbox"/>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
		Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
		Detail any extra requirements (e.g. are rails required, painted edging to steps) Click or tap here to enter text.				

Type of Adaptation

<i>Ramped Access</i>	<input type="checkbox"/>	Location	Description of current access
		Choose an item.	Click or tap here to enter text.

<i>Over Bath Shower</i>	<input type="checkbox"/>	Detail any specific requirements (eg Tiling) Click or tap here to enter text.
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Other Adaptation (not listed above):

Click or tap here to enter text.