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| **Home Diagram Template**  BATH | Date of Birth:  Family Name:  Given Names:  Address:  Phone Number:       Sex:  M  F | |
|  | | |
| Bath Location:  Main  Ensuite | | Wall Surface:  Tiles  Moulded Plastic  Other: |
| Studs:  Located  Difficulty Locating (please fit to studs) | | Grabrail Trialled in this Position:  Yes  No |
|  | | |
| Recommendations: | | |
| Install hand-held rose:  Yes  No  Already installed | | |
|  | | |
|  | | |
|  | | |
| * Not to scale. All measurements in millimeters. * Client was in agreement with proposed changes at the time of assessment. * Please contact therapist if position varies significantly from diagram. | | |
| **Name:**  **Designation: Occupational Therapist**  **Date:** | | **Organisation:**  **Location:**  **Team:**  **Phone:** |