

Client

CLIENT NAME

PHONE

HOME ADDRESS, UNIT, CITY

BEST TIME TO CALL, AND WHO TO CALL IF NOT THE CLIENT

Referred by

NAME

ORGANIZATION AND ROLE

PHONE

EMAIL FOR UPDATES

DISCHARGE OR TARGET DATE, IF ANY

What is needed (tick all that apply)

- | | |
|---|--|
| ☐ Free Home Safety Assessment | ☐ Grab bars, bathroom |
| ☐ Handrail or railing, entrance or steps | ☐ Handrail, interior stairs |
| ☐ Bathroom Conversion Package, tub to walk-in shower | ☐ Ramp, stair lift or wider doorway |
| ☐ Other, see notes | |

How soon

- | | | |
|--|---|---|
| ☐ Discharge pending | ☐ Within 30 days | ☐ Planning ahead |
|--|---|---|

NOTES: OT RECOMMENDATION, MEASUREMENTS, ACCESS, ANYTHING WE SHOULD KNOW BEFORE THE VISIT

Consent

The client, or their substitute decision-maker, agrees to be contacted by Still at Home Inc. about this referral, and agrees that progress and completion updates may be shared with the referrer named above.

CLIENT OR SDM SIGNATURE

PRINT NAME

DATE

What happens next

Contact with the client within two business days, sooner for a discharge date. Site visit, fixed price in writing, nothing starts without approval. The referrer is copied at each stage by email: referral received, visit booked, quote sent, approved, scheduled, complete, with photos and the written report.