



## Occupational Therapy - Post Modification report & Sign-Off

TO BE COMPLETED IN FULL AND FORWARDED TO:

The New South Wales Home Modifications and Maintenance Services State  
Council Suite 2, DAISI House, 109 Molesworth Street, Lismore, NSW 2480

Phone: 02 6622 8386 Fax: 02 6622 8693

Email: [nswhmms@bigpond.net.au](mailto:nswhmms@bigpond.net.au) [staceys@agedservices.asn.au](mailto:staceys@agedservices.asn.au)

### OUR VISION

NSW HMMS State Council's vision is "to unite and enhance Home  
Modification and Maintenance Services across NSW"

### SIGN - OFF

To ensure satisfactory outcomes the referring Occupational Therapist must conduct an on-site visit to the client's home once modification work has been completed. Please complete this sign-off form and return to NSW HMMS State Council at PO Box 45, Lismore, NSW, 2480.

Thank you for your assistance.

#### Referring Occupational Therapist:

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Working days: \_\_\_\_\_

#### Clients Details:

Name: \_\_\_\_\_

Address where work was complete: \_\_\_\_\_

Phone: \_\_\_\_\_

## INSPECTION DETAILS

Date of inspection:     /     /

1. Do the completed modifications meet the client's functional needs as identified by client and OT? If not, please provide details.

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2. Have the home modifications been completed in accordance with the recommendations and plans agreed upon by the referring Occupational Therapist, client and HMMS? If not, please provide details and the implications for the client.

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3. Are there any further issues that need to be addressed with this job?

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4. Your feedback is valuable. Do you have any additional comments or suggestions regarding the Home Modification process?

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Occupational Therapist Signature: \_\_\_\_\_

Date:     /     /