

Home Accessibility Referral

Prefer online? Submit this referral in under two minutes at www.stillathome.ca/referral

For occupational therapists, discharge planners, physicians, and other health professionals. Complete and email to info@stillathome.ca. We contact the client or family within two business days.

Client Details

FIRST NAME

LAST NAME

PHONE

EMAIL (OPTIONAL)

HOME ADDRESS (STREET NUMBER AND NAME, UNIT, CITY, POSTAL CODE)

PREFERRED LANGUAGE

☐ English ☐ French

FAMILY CONTACT (NAME AND PHONE, IF APPLICABLE)

Referring Professional

YOUR NAME

DESIGNATION (OT, PT, RN, MD, NP, RSW, OTHER)

ORGANIZATION

EMAIL (CONFIRMATION AND COMPLETION REPORT)

☐ Notify me of work progress, provided the client consents to updates being shared with me

What Does the Home Need?

RECOMMENDED MODIFICATIONS (OR ATTACH YOUR REPORT) Areas: bathroom, stairs, entrance, bedroom, kitchen, whole home

URGENCY

☐ Discharge pending

☐ Within 30 days

☐ Planning ahead

EXPECTED DISCHARGE DATE (IF KNOWN)

Client Consent

The client (or substitute decision-maker) consents to Still at Home contacting them about the needs described in this referral, and to the referring professional sharing this information for that purpose. Progress updates are shared with the referring professional only if the client consents.

☐ Consent confirmed

Name of client or SDM

Date

