

'Live better at home'

NDIS Provider #: 4050010475

BIDET SEAT SCOPE OF WORKS FORM	
DATE OF WORK:	TIME OF WORK:
CLIENT SITE ADDRESS:	
ACM PERSONNEL UNDERTAKING THE SERVICE	
ACM PERSONNEL NAME:	
OCCUPATIONAL THERAPIST INFORMATION	
OT NAME:	
EMAIL ADDRESS:	
CLIENT INFORMATION	
CLIENT NAME:	
CONTACT NO.:	
REFERRER NAME:	
PARENT ACCOUNT:	
TOILET AREA	ABOVE
DACE	WATER TAR (ON WALL)
BASE	WATER TAP (ON WALL)

Aged Care & Medical Phone: 1300 003 930

Email: accounts@agedcareandmedical.com.au
Head Office: Chelsea Heights: 46/107 Wells Road,
Chelsea Heights Victoria 3196, Australia



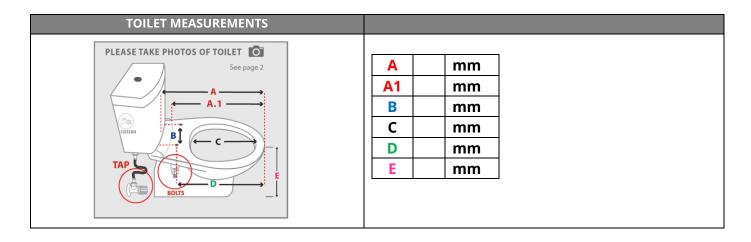


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SWITCHBOARD	WATER METER

CLIENT REQUIREMENTS	
TOILET ARMS REQUIRED?	YES NO
BIDET SEAT RAISER REQUIRED?	YES NO
REMOTE CONTROL HOLDER?	YES NO
URINE SPLASH GUARD?	YES NO
IS ROOF FLAT OR PITCHED?	F P
IS HOUSE ON STUMPS OR CONCRETE STUMPS?	S C
WHICH HOUSE LEVEL IS THE TOILET ON?	
ELECTRICAL REQUIREMENTS	
IS ELECTRICAL SWITCH BOARD INSIDE OR OUTSIDE HOME?	INSIDE OUTSIDE



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OVERALL BATHROOM/POWER POINT LOCATION		

ACM-SF-06-2023

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