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Service Request Form

Assessment Date: _____

Claim No.: _____

Re-assessment Date (if available): _____

Client Information			
First Name: _____	Last Name: _____	DOB: _____	Gender: M / F
Address: _____	City: _____	Province: _____	Postal Code: _____
Tel.: _____	Primary Language: _____		
Contact Person			Contact Instructions:
First Name: _____	Last Name: _____		
Tel.: _____	Alt Tel.: _____		

Insurance Information

Company Name: _____

Name of Adjuster: _____ Tel.: _____ Ext. _____

Occupational Therapist Information

Company Name: _____

Name of OT: _____ Tel.: _____ Ext. _____

Client Health Information

Does the Client have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Respiratory Illness | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Drug Allergy |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Bronchitis | <input type="checkbox"/> Orthopaedic Injury(ies) _____ |
| <input type="checkbox"/> Other: _____ | | |

Service Request

Form One - Monthly Allowance for Attendant Care: ration _____ weeks Amount: \$ _____

Monthly Allowance for Housekeeping: Duration _____ weeks Amount: \$ _____

Personal Support/Homemaking Services

Personal Care

- Bathing
- Toileting
- Personal Hygiene
- Dressing
- Feeding
- Other: _____

Housekeeping

- Meal Preparation
- Shopping
- Light Cleaning
- Vacuuming / Mopping
- Laundry
- Other: _____

Special Instructions

The Client needs the following equipment:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Bath Bench | <input type="checkbox"/> Hand Held Shower | <input type="checkbox"/> Bathtub Grab bar |
| <input type="checkbox"/> Bath Mat | <input type="checkbox"/> Grab bars | <input type="checkbox"/> Raised Toilet Seat |
| <input type="checkbox"/> Other: _____ | | |

Times and Dates Service is to be Provided

	M	T	W	W	T	F	S	S
Hours Per Day								

Start Date
mm/dd/yy

Duration of
Service

_____ weeks