



Janglewood
MEDICAL SUPPLIES

Patient Information

Name:
Address:
Phone Number:
Insurance or Payer Source:
Date:

Home Modification Assessment

Patient Lift(s): Ceiling Lift Stair Lift Bath Lift Platform Lift Other

Measurements and Notes
Attach Drawing if Applicable

Ramp(s): Aluminum Ramp System Portable Threshold(s)

Measurements and Notes
Attach Drawing if Applicable

Grab Bar(s):

Measurements and Notes
Size, Quantity, Color, and Number of Fastener Kits Needed

Other:

Completed Assessment must Include Pictures of Location