**KENT ADULT SOCIAL SERVICES OCCUPATIONAL THERAPY**

**CLINICAL REASONING TO SUPPORT RECOMMENDATIONS FOR MAJOR ADAPTATIONS / EQUIPMENT / REHOUSING**

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| --- | --- | --- |
| **Name:** | **AIS ID:**  | **DOB:**  |
| **Relevant medical information / emotional wellbeing:**  |
| **Social / environmental factors:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Barrier to independence / risk** | **Options** | **Advantages of option** | **Disadvantages / potential risks of option** | **Comments** |
|  |  |  |  |  |

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| --- |
| **Recommendation:** |
| **Signed worker:** | **Date:** | **Signed Supervisor:**  | **Date:** |
| **Revised recommendation:** |
| **Reason:**  |
| **Signed worker:** | **Date:** | **Signed Supervisor:** | **Date:** |