H.S.E.
Prescription for Stair Rails & Associated Works (SR1)
(To be used in conjunction with Guidelines Form SR2)

Client Name: _____ Area (1-10) _____

_____ Date: _____

Address: _____ OT Name _____

_____ OT Mobile No. _____

_____

Client Tel No _____ Mobile _____Other Contact No _____

Standard Job ☐ **Urgent Job** ☐

(Note: Left & Right are indicated as you address the object)

1 Stair Rail
As viewed from Bottom Stair up

LEFT HAND SIDE ☐
RIGHT HAND SIDE ☐
LEFT & RIGHT HAND SIDE ☐
NO. OF FLIGHTS ☐
NO. OF RETURNS ☐
Comments:

2 Newel Rail
As viewed from Bottom Stair up

Top	Right ☐	Left ☐
Middle	Right ☐	Left ☐
Bottom	Right ☐	Left ☐

3 Additional Stair Rails *Please Specify location*

4 Grab Rail Fluted **See attached page for visual aid**

(A) Toilet: (As viewed facing Toilet)
White ☐ *Blue* ☐ *Red* ☐

Diagonal 30⁰	*Vertical*	*Horizontal*
Right Hand Side	*Right Hand Side*	*Right Hand Side*
30.5 cm ☐	*30.5 cm* ☐	*30.5 cm* ☐
46 cm ☐	*46 cm* ☐	*46 cm* ☐
61 cm ☐	*61 cm* ☐	*61 cm* ☐
Left Hand Side	*Left Hand Side*	*Left Hand Side*
30.5 cm ☐	*30.5 cm* ☐	*30.5 cm* ☐
46 cm ☐	*46 cm* ☐	*46 cm* ☐
61 cm ☐	*61 cm* ☐	*61 cm* ☐

See Stickers ☐
Refer to Diagram A ☐

(B) Bath
White ☐ *Blue* ☐ *Red* ☐
Standard 46cm 30⁰ ☐
Vertical 30.5 cm ☐
See Stickers ☐
Refer to Diagram B ☐
No. of Rails ☐

(C) Shower
White ☐ *Blue* ☐ *Red* ☐
30.5 cm *46 cm* *61 cm*
See Stickers ☐
Refer to Diagram B or C ☐
No. of Rails ☐

5 Floor Mounted Folding Rail

As viewed facing toilet Right ☐ Left ☐

6 Fold Away Grab rail with leg

As viewed facing toilet Right Left Right ☐ Left ☐

Additional Comments:

Client Name: _____ Area (1-10) _____

7 <u>Shower Seat - with leg support</u>

Fixed Wall shower seat With legs (folds flat) ☐

Folding shower seat with Arms, backrest and legs (Folds flat) ☐

Location (As Viewed Facing Shower Head) ☐ *Left* ☐ *Right* ☐ *Below* ☐ *Opposite*

8 Cranked Rail *45 cm* ☐ *63cm* ☐

Front Door ☐ Backdoor ☐ Other ☐

LEFT HAND SIDE ☐
RIGHT HAND SIDE ☐
LEFT & RIGHT HAND SIDE ☐

9 Metal Grab Rail *30.5cm* ☐ *46cm* ☐ *61cm* ☐ *68.5cm* ☐ *White* ☐ *Silver* ☐

Front Door ☐ Backdoor ☐ Other ☐

LEFT HAND SIDE ☐
RIGHT HAND SIDE ☐
LEFT & RIGHT HAND SIDE ☐

10 Fit only

Combined toilet frame and seat with floor fixings (HSE to supply) ☐

Toilet surround with floor fixings (HSE to supply) ☐

Additional Comments:

Client Name: _____ Area (1-10) _____

Client Tel No _____ Mobile _____Other Contact No _____

Standard Job ☐ **Urgent Job** ☐

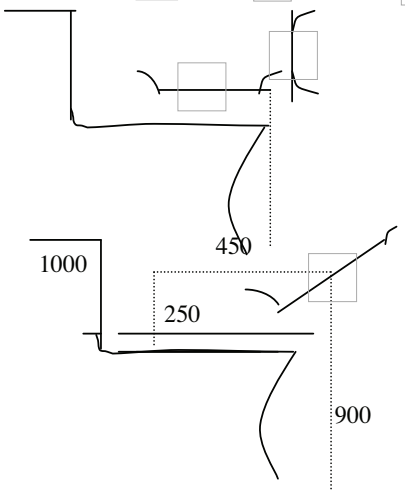
SR2

(A) W.C

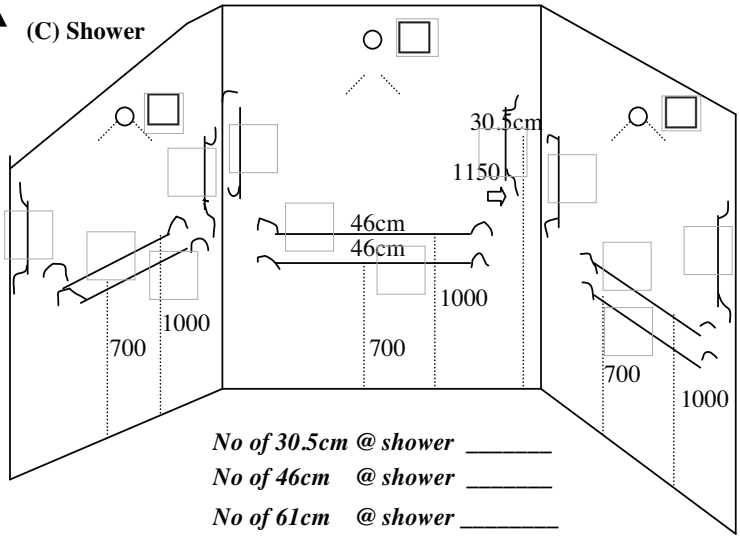
Please tick as appropriate

Position of rail: Left ☐ ***Right*** ☐ ***(tick boxes)***

Diagonal 30⁰ ☐ ***Vertical*** ☐ ***Horizontal*** ☐



(C) Shower



No of 30.5cm @ shower _____

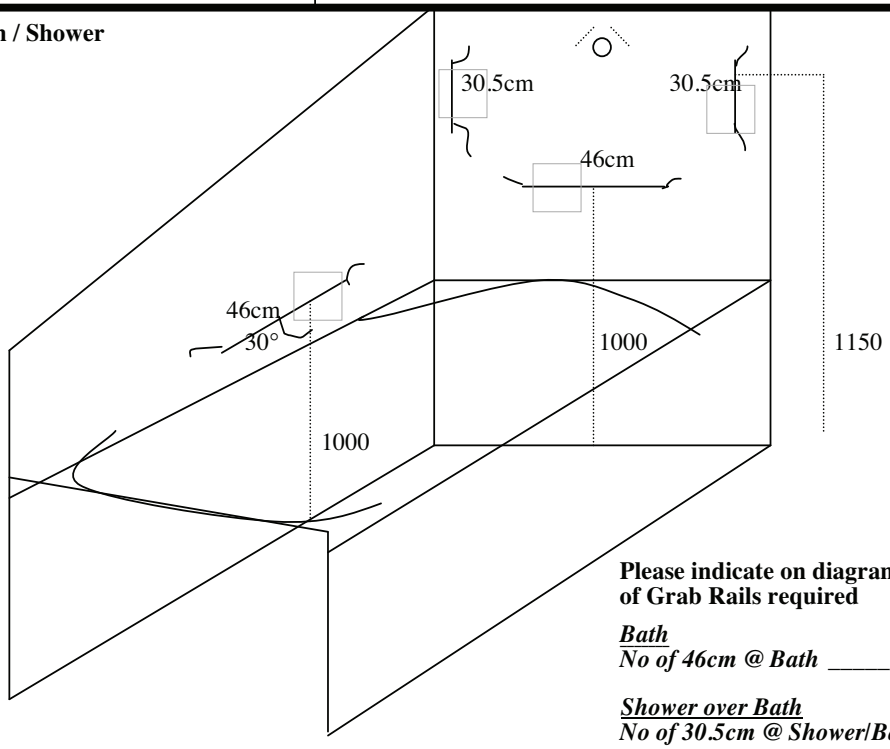
No of 46cm @ shower _____

No of 61cm @ shower _____

N.B. Please indicate on diagram present position of Shower Head

Please indicate on diagram the Grab Rail / Combination of Grab Rails required

(B) Bath / Shower



Please indicate on diagram the Grab Rail / Combination of Grab Rails required

Bath

No of 46cm @ Bath _____

Shower over Bath

No of 30.5cm @ Shower/Bath _____

No of 46cm @ shower/Bath _____

Additional Comments: