



**CL1 form**

**Recommendation for permanent adaptations**

1. Name AUSTIN KING	4. Date of Referral to Social Work Services 08-Nov-23
2. DOB 14.03.2017.	5. Date of Assessment 08-Nov-23

3. Current Address of Client Name of House Holder/Tenant: Mr and Mrs King	6. Originally Referred From: O.T. West Centre.
Address: 92 Moorhouse Avenue, Knightswood GLASGOW	
House Position: Main door property.	
Glasgow Post Code: G13 4RF	
Telephone No:	

7. Adaptations/s recommended:

Site Visit	Critical	Substantial	Moderate	Yes/No
a) Provision of ramped access at the property, Austin uses a wheelchair, and parents having to bump him up and down the stairs.	X			X
b) Bilateral banisters required over the hall stairs for all the family. Four older brothers have sensory issues, and one has mobility issues.	xx			X
c)				
d)				

Signed Estelle Rodden	Date 8.11.2023	Occupational Therapist
Signed	Date	Social Care Worker
Signed	Date	Team Leader
Signed	Date	