



Doctors Instructions

The City of Seal Beach has received a limited amount of funds to perform bathroom accessibility modifications for residents of Leisure World. These funds are intended to help those who are in great physical and financial need. The bathroom modification will take their existing tub and modify it into a walk-in shower. There are more needy applicants than funds available, so please carefully report the true physical condition of your patient.

Please complete the attached form for your patient. To prevent any undue pressure to exaggerate medical conditions, we've provided a self-addressed envelope for the completed form. Please rest assured that CivicStone, Inc. will keep your report of your patient's health condition confidential.

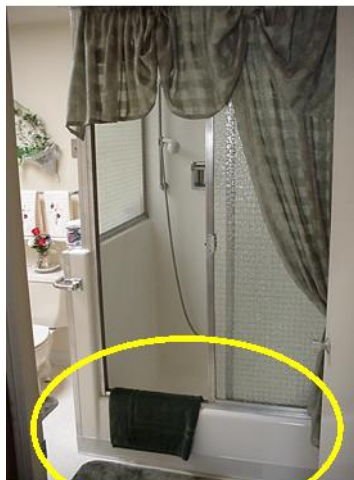
Once you have completed the form, please return it to CivicStone, Inc. in the attached self addressed envelope or fax it to 909-333-4030. There is a tight deadline for all applications and the sooner you complete and return the attached Doctor's Form, the sooner your patient's application will be reviewed.

Thank you for your assistance in this matter.

Monique Miner

CivicStone, Inc.
4195 Chino Hills Parkway, #267
Chino Hills CA 91709
909-364-9000 phone
909-333-4030 fax
monique@civicstone.com

Before Cut Down



After Cut Down





City of Seal Beach Doctor's Analysis Form

Leisure World Bathroom Accessibility Grant

To be completed by the Doctor ONLY - Please answer **ALL** questions

Patient's Name: _____

Please rate the patient according to the following guidelines:

Serious or Severe = patient struggles to get in and out of the tub/shower. There is a high likelihood of injury or accident. Discomfort or pain impedes appropriate hygiene.

Moderate = patient can get in and out of the tub/shower without fear of injury or accident. Manageable discomfort or pain does not impede appropriate hygiene.

Mild = patient has minor difficulty accessing the tub/shower. Appropriate hygiene is not impeded by pain or discomfort.

Does the patient suffer from a condition that causes mobility problems?

Yes No

If yes, the patient's mobility problems are:

Mild **Moderate** **Serious or Severe**

The patient's mobility problem is:

Temporary Permanent

Does the patient suffer from a condition that causes pain with movement?

Yes No

If yes, the patient's pain is:

Mild **Moderate** **Serious or Severe**

The patient's condition that causes pain is:

Temporary Permanent

Does the patient suffer from a condition that causes a sudden loss of balance?

Yes No

If yes, the frequency of loss of balance is:

Mild **Moderate** **Serious or Severe**

If yes, the cause of the loss of balance is:

Temporary Permanent

Doctor Comments: _____

Print Doctor's Name

Doctor's Signature

Date

Doctor's Phone #

**All information on this form is strictly confidential and will be used only for the application review process and not for public information.*

Fax form to 909-333-4030 or mail CivicStone Inc. 4195 Chino Hills Pkwy #267 Chino Hills CA 91709
monique@civicstone.com