



# **City of Seal Beach**

## **Leisure World Bathroom Accessibility Grant**

### **Doctor's Instructions and Medical Assessment Form**

Dear Doctor,

The City of Seal Beach has received a limited amount of federal funding to assist eligible residents with bathroom accessibility modifications. These upgrades are offered at no cost to qualifying residents and include converting a standard bathtub into a walk-in shower, with the option to add a bench for safety and comfort.

To help ensure this grant serves those with the greatest physical need, we respectfully request that you complete the attached medical assessment form for your patient. This form will help determine their eligibility for modifications based on physical condition and mobility limitations.

Your responses will be kept strictly confidential and used only to evaluate this specific application.

We greatly appreciate your support in this effort to help vulnerable seniors remain safe and independent in their homes.

#### **Instructions:**

- Please complete all sections of the attached form.
- You may return the form via fax, email, or U.S. mail (contact information below).
- If possible, please return the completed form within 10 business days to avoid delays in your patient's application review.

#### **Return Form To:**

**City of Seal Beach c/o CivicStone, Inc.**

4195 Chino Hills Parkway, #267

Chino Hills, CA 91709

Email: [monique@civicstone.com](mailto:monique@civicstone.com)

Phone: 909-364-9000

Fax: 909-333-4030



# Doctor's Medical Assessment Form

**Patient Name:** \_\_\_\_\_

## 1. Mobility Assessment

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

☐ Yes ☐ No

If yes, please indicate severity:

☐ Mild ☐ Moderate ☐ Serious/Severe

Is the condition:

☐ Temporary ☐ Permanent

## 2. Pain With Movement

Does the patient experience pain during movement?

☐ Yes ☐ No

If yes, please indicate severity:

☐ Mild ☐ Moderate ☐ Serious/Severe

Is the condition:

☐ Temporary ☐ Permanent

## 3. Balance Issues

Does the patient suffer from loss of balance?

☐ Yes ☐ No

If yes, how frequent/severe is the issue?

☐ Mild ☐ Moderate ☐ Serious/Severe

Is the condition:

☐ Temporary ☐ Permanent

## 4. Additional Comments (optional):

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## Physician Information:

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Rating Guidelines for Reference:

- **Serious/Severe** – Patient has significant difficulty entering/exiting the tub or shower; hygiene is impaired; high risk of injury or fall.
- **Moderate** – Patient manages bathing but with discomfort or mild risk.
- **Mild** – Minor inconvenience or discomfort that does not interfere with hygiene.