BUILDING MOBILITY SOLUTIONS

ABN: 59161 448 415
QBCC Licence No. 131 4090
NDIS Provider No. 405 0002 887

SUPPORT AT HOME PROVIDER.

CONTACT US
PHONE 1300 781 774 EMAIL enquiries@qspec.com.au WEBSITE www.qspec.com.au
SHOWROOM 25 Lenco Cresent, Landsborough QLD 4550

QSPEC Home Modifications Referral Form

Please return completed form to: **enquiries@qspec.com.au**

Occupational Therapist Name:	
Organisation:	
Occupational Therapist Contact No:	
Occupational Therapists Email:	
Date of Referral:	

Client Information

Full Name:	Contact No.:	
Street Address:	Suburb / Town:	
Email:		
Booking Contact Name:	Contact No.:	Relationship:

Clients Living Arrangements: (please tick one)

☐ Private Residence (Client or Family Owned) ☐ Private Residence - Public Rental

☐ Other _____

If the client is renting has permission been granted by the Landlord?: Y or N (If Yes please provide signed rental letter of approval form)

Support at Home Client

Name of Package Provider:

Name of Package Case Manager:

Email of Package Case Manager:

Modification Information

Please attach diagrams, plans or photos of the proposed modifications, including measurements and a detailed description of the requested works, to the referral email for our quoting team to review.

The more information you can provide, the more accurate the quotation will be. Once received, our team will assess the information and prepare a quotation for your review.