



# 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. The deadline for all applications is July 29, 2014 for the first phase and October 7, 2014 for the second phase. The sooner you complete and mail in the attached Doctor's Note, the sooner your patient's application will be reviewed.

Thank you for your assistance in this matter.

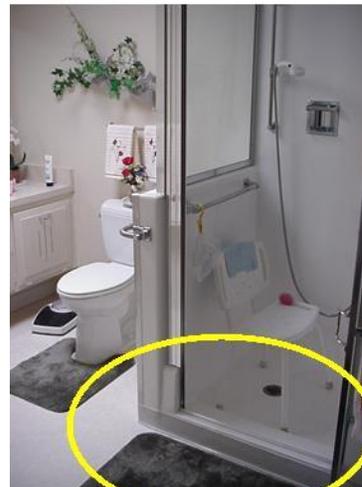
Monique Eliason

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

**Before Cut Down**



**After Cut Down**





# City of Seal Beach

## Doctor's Analysis Form

CDBG Bathroom Improvement Grant  
Leisure World Seal Beach

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

Patient's Name: \_\_\_\_\_

Patient overall physical health is:     Great     Good     Fair     Poor     Fragile

**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?**

If yes, the patient's mobility problems are:

The patient's mobility problem is:

Yes     No

Mild     Moderate     Serious or Severe

Temporary     Permanent

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

If yes, the patient's pain is:

The patient's condition that causes pain is:

Yes     No

Mild     Moderate     Serious or Severe

Temporary     Permanent

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

If yes, the frequency of loss of balance is:

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

Yes     No

Mild     Moderate     Serious or Severe

Temporary     Permanent

Doctor Comments:

\_\_\_\_\_  
Print Doctor's Name

\_\_\_\_\_  
Doctor's Signature/Date

\_\_\_\_\_  
Doctor's Phone #