



Modular Ramp Site Assessment

Patient Information

Patient Name _____

St. Address _____

Contact _____

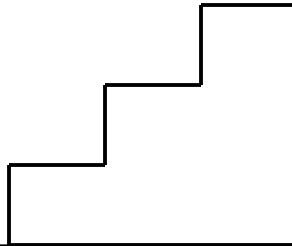
Town _____

Phone # _____

Measure clear space
in front of stairs
to property line
or any obstruction

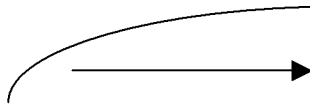


_____ feet



Measure total vertical
Height of stair

_____ inches



Is the ground slope away from stairs?

YES

NO

Threshold / Barrier Ramps



Is there any threshold risers in front of
the main entry way?

If so how high is it _____ in.

How wide is the door way _____ in

Use this area to sketch any applicable
elements of the site