



Home Safety Evaluation

Patient's Condition

1. Describe the patient's ability to ambulate (from Independent (120+) to Wheelchair bound)

2. If the patient is wheelchair bound describe how they transfer?

3. How would you describe the patients cognitive function?

Alert&Oriented Alert&Confused Neither alert or oriented

Please elaborate if necessary:

4. Can the patient climb stairs?

- a. Patient has no problem w/ stairs
- b. Patient can walk up and down stairs but is a risk for a fall
- c. Patient can manage a couple of stairs but not a full flight
- d. Patient can not climb even one stair

Please elaborate if necessary:

5. Does the patient have a progressive disorder that is likely to cause a significant decline in function?

Circle One

Yes No

Patient's Lifestyle

1. Does the patient intend to perform the activities of daily of daily living independently?

Yes No

Patient's Lifestyle

2. **On average how often will the patient leave his home?**
3. **Would you consider the patient bed bound?**
Yes No
4. **Given the patients condition and knowledge of their lifestyle can you think of any area where the patient may have difficulty gaining access?**

Home Environment

1. **What type of dwelling will the patient be living in after discharge?**
Apartment / Condo / Town home / Single Family home
2. **Is it necessary to climb any stairs to get into the house?**
If so approximately how many stairs _____
3. **Once in the home will the patient need to use stairs on a daily basis to sleep, eat, and bath?**
Yes No
Please provide any additional information below:
4. **Are there any other non vital areas of the home the patient would like to have access too?**
Please Describe:
5. **What type of structure is available to bath the patient? Shower Stall - Tub - Both**
6. **Will the patient take a bath or shower? Circle one**