

HOME ENVIRONMENTAL ASSESSMENT

Patient Name		Date
Address Evaluated		City, State
Phone	Caregiver	

Check here if the patient's home was not assessed by a technician due to the equipment being picked up at the store, or because it was delivered to a place other than the patient's home. The technician must ask the person signing for the equipment as much as possible about the home environment in order to complete this assessment.

Describe where the patient resides: <input type="checkbox"/> Apartment <input type="checkbox"/> Single Story residence <input type="checkbox"/> Multi-level residence <input type="checkbox"/> Mobile or manufactured home	Describe surfaces in the home: <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____
Is the home accessible to a wheelchair (have ramps, elevator etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Outside Access: <input type="checkbox"/> Paved Driveway <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Grass

Does the patient's typical environment support the use of the ordered equipment. *Keep in mind such factors as physical layout, surfaces, and obstacles, electrical wiring, etc. which may render the equipment unusable in the patient's home.* Yes No

The home could be suitable with some modifications or additional equipment.

List modifications required:

Please Indicate below the adequacy of the home environment with regard to the type of equipment ordered

Is existing Shelter	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Is Heat, Water, Plumbing, Electrical	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Is Refrigeration, Cooking	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Fire Safety (Has smoke detectors/alarm and/or Extinguisher)	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Are there Safety or Health Hazards Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the patient suitable for homecare	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Expand on any inadequacies:

EVALUATING TECHNICIANS RECOMMENDATIONS OR ACTIONS

Technician Signature:	Date
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