

# HOME ASSESSMENT

PATIENT NAME				DATE OF ASSESSMENT:      YYYY      MM      DD			
STYLE OF HOME		OUTSIDE OF HOME		SIDEWALK To Front Door:		To Back Door:	
ENTRANCE	FRONT STEPS:	No.      Height	Rail	Up	Down		
	BACK STEPS:	No.      Height	Rail	Up	Down		
FRONT DOOR WIDTH			BACK DOOR WIDTH		HALL ENTRANCE WIDTH		
PASSAGEWAYS							
BATHROOM	CONVENIENCE OF LAYOUT					DOOR WIDTH	
	DOOR WIDTH	TOILET Height:		Grab Bars:	SINK		
	BATH Width:	Grab Bars:		Shower with bath / separate:			
BEDROOM	CONVENIENCE OF LAYOUT						
	DOOR WIDTH	BED HEIGHT	BED TYPE				
LIVING ROOM	CONVENIENCE OF LAYOUT						
	CHAIR HEIGHT	CHAIR SUITABILITY				CHESTERFIELD HEIGHT	
KITCHEN	CONVENIENCE OF LAYOUT						
	SINK COUNTER			STOVE	FRIDGE		
	SPECIAL AIDS NEEDED						
BASEMENT	CONVENIENCE OF LAYOUT						
	STAIRS:	No.      Height	Rail	Up	Down		
FLOOR COVERINGS	HALL AND PASSAGEWAYS				BATHROOM		
	BEDROOM			LIVING ROOM		KITCHEN	
LOCATION OF Telephone:      Washer/Dryer:      Other:							
HOME HEATING				TRANSPORTATION AND DRIVER			
FAMILY SUPPORT AND OTHER HELP AVAILABLE							
HELP REQUIRED FROM OTHER AGENCIES (Home Support, Red Cross Loan, etc.)							
OTHER INFORMATION / ADDITIONAL COMMENTS				SIGNATURE		DATE SIGNED YYYY      MM      DD	