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| **Occupational Therapy Home Assessment Report** | **Surname:**  **Given Name:**  **DOB:**  **Sex:**  **Address:** |

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| **Date: Occupational Therapist:** | | | |
| Relevant Medical History: Home Assessment Report | | | |
| Mobility: | | | |
| Precautions: | | | |
| Vision: | | | |
| Hearing: | | | |
| **SOCIAL SITUATION:** Lives alone: Yes ☐ No☐ With whom:  **Occupational Therapy Home Assessment Report** | | | |
| Person(s) present at home visit: | | | |
| Contact Person: Phone/Mobile: | | | |
| **HOME ENVIRONMENT** Previous Home Visit**:** Yes  **☐** No ☐  Own ☐ Rented ☐ House ☐ Flat/ Unit ☐ Storey: Single ☐ Double ☐ | | | |
| **Front Access:**  Path:  Porch:  Step x:  C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpgRail x:  Ramp:  Comments: | **Back Access:**  Path:  Porch:  Step x:  Rail x:  Ramp:  Comments: | | **Internal Access:**  Split level:  Step x  Rail x:  Ramp:  Comments: |
| **Bathroom:**  ☐ Shower ☐ Shower over bath ☐ Bath  ☐ Height \_\_\_\_\_\_\_\_\_\_\_\_mm ☐ Screen ☐ Rails  Exiting Aids / equipment: | Bathroom transfer:  Comments: | | |
| **Toilet:**  ☐ In bathroom/ ensuite ☐ Separate  ☐ Door inwards/outwards  ☐ Height \_\_\_\_\_\_\_\_\_\_\_\_mm ☐ Rails  Exiting Aids / equipment: | Toilet transfer:  Comments: | | |
| **Bedroom:**  ☐ BED Height \_\_\_\_\_\_\_\_\_\_\_\_mm ☐ S / D/ Q/ K  ☐ Bedside Light  ☐ Phone  Exiting Aids / equipment: | Bedroom transfer:  Comments: | | |
| **Seating:**  ☐ Lounge / Armchair \_\_\_\_\_\_\_\_\_\_\_\_mm ☐ Kitchen / Dining Chair \_\_\_\_\_\_\_\_\_\_mm  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | Chair transfer:  Comments: | | |
| **Diagrams:**  Additional diagrams attached ☐ | | | |
| **Meals Preparation:**  ☐ Cooktop -Gas/electric ☐Oven -Gas/electric ☐Kettle -Gas/electric ☐Microwave  Comments: | | | |
| **Household Management:** | | | |
| ☐Phone Use:  ☐Turn on heater:  ☐ Laundry ☐ Garden care  Comments: | | ☐ Rubbish care  ☐ Letter box  ☐ Smoke alarm | |
| **Services Required:** | | | |
| **Recommendations:** | **Actions required:** | | |
| **Summary:** | | | |