

Ohana Pacific Rehab Services

HOME ASSESSMENT

GENERAL INFORMATION

Name: _____	Diagnosis: _____
Address: _____	Phone: _____
Physician: _____	Date of Assessment: _____
Type of Residence: house / apt / condo / other _____	style: ranch / multiple stories / other _____
Resides: independently / with caregiver (describe extent of assistance): _____	
Caregiver(s)/Family member(s) Present: _____	
<input type="checkbox"/> Wheelchair user	
brand: _____	width: _____ length: _____ height (seat to floor): _____
<input type="checkbox"/> power <input type="checkbox"/> manual	<input type="checkbox"/> outdoor <input type="checkbox"/> indoor <input type="checkbox"/> both
<input type="checkbox"/> Ambulatory	
distance: _____	<input type="checkbox"/> outdoor <input type="checkbox"/> indoor <input type="checkbox"/> both
<input type="checkbox"/> assistive devices (describe type): _____	

MOST ACCESSIBLE ENTRANCE

<input type="checkbox"/> Front	<input type="checkbox"/> Side	<input type="checkbox"/> Back
Doorway width: _____	Threshold: _____	
Swing of door: _____	Door knob/handle type: _____	
Distance from parked car to entrance: _____		
Demonstrated ability to access dwelling (front / side / rear): _____		
Demonstrated ability to manage lock and open/close door(s): _____		
Demonstrated ability to maneuver over threshold: _____		
<input type="checkbox"/> Elevator		
demonstrated ability to enter/exit elevator & operate it: _____		
<input type="checkbox"/> Stairs outside home		
# of stairs: _____	height: _____ depth: _____ width: _____	
railing (ascending): <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> none	height: _____	
demonstrated ability to manage steps: _____		
<input type="checkbox"/> Ramp		
nonskid surface: Y / N		
demonstrated ability to enter/exit ramp: _____		
Other: _____		

LIVING ROOM

Doorway width: _____	Threshold: _____
Swing of door: _____	Door knob/handle type: _____
Flooring type: _____	Throw rugs present: _____
Demonstrated ability to maneuver over threshold: _____	
Adequate lighting: _____	Demonstrated ability to turn light on/off: _____
Demonstrated ability to maneuver in living room: _____	
Demonstrated ability to transfer to/from favorite chair: _____	
Demonstrated ability to turn TV on/off: _____	
Other: _____	

BEDROOM

Doorway width: _____ Threshold: _____
Swing of door: _____ Door knob/handle type: _____
Flooring type: _____ Throw rugs present: _____
Lighting near bed: _____ Demonstrated ability to turn light on/off: _____
Demonstrated ability to maneuver in room and around furniture: _____
Bed:
height: _____ size: _____ density: _____
demonstrated transfer on/off bed: _____
demonstrated bed mobility skills: _____
Demonstrated ability to retrieve and hang clothes in closet: _____
Demonstrated ability to retrieve items from dresser drawers: _____
Clock: _____ Demonstrated ability to read time: _____
Demonstrated ability to manage emergency toileting (urinal/commode): _____
Other: _____

MISCELLANEOUS

Telephone
 cordless standard how many: _____ location: _____
demonstrated ability to use/operate phone: _____
 Stairs in the home
of stairs: _____ height: _____ depth: _____ width: _____
railing (ascending): left right both none height: _____
demonstrated ability to manage steps: _____
 Windows: _____
Other: _____

KITCHEN

Doorway width: _____ Threshold: _____
Swing of door: _____ Door knob/handle type: _____
Flooring type: _____ Throw rugs present: _____
Adequate lighting: _____ Demonstrated ability to turn light on/off: _____
Counter height: _____ space under counter: open / close / other: _____
Demonstrated ability to maneuver in kitchen: _____
Demonstrated ability to turn faucet on/off: _____
Demonstrated ability to reach items/objects in refrigerator/cabinet(s): _____
Demonstrated ability to manage stove/oven/microwave controls: _____
Demonstrated ability to place items in/out of oven/microwave: _____
Demonstrated ability to transport meal to dining area: _____
Demonstrated ability to independently access cabinets and storage: _____
Demonstrated ability to independently manage drawers: _____
Demonstrated ability to transfer to/from dining chair: _____
Other: _____

BATHROOM

Doorway width: _____ Threshold: _____
Swing of door: _____ Door knob/handle type: _____
Flooring type: _____ Throw rugs present: _____
Adequate lighting: _____ Demonstrated ability to turn light on/off: _____
Sink/vanity height: _____ space below sink/vanity: open / close / other: _____
Demonstrated ability to maneuver in bathroom: _____
Demonstrated ability to turn water on/off: _____
Demonstrated ability to reach grooming supplies: _____
Toilet:
height: _____
demonstrated ability to perform toilet transfer: _____
Tub/Shower:
sill height: _____ inside length: _____ inside width: _____
 sliding door curtain width of shower door/stall: _____
 grab bars height: _____ length: _____ location: _____
demonstrated ability to enter/exit tub/shower: _____
demonstrated appropriate use of tub/shower equipment: _____
demonstrated ability to manage water controls: _____
Towel racks: _____
Other: _____

LAUNDRY

N/A assistance to be provided by: _____
Doorway width: _____ Threshold: _____
Swing of door: _____ Door knob/handle type: _____
Flooring type: _____ Throw rugs present: _____
Adequate lighting: _____ Demonstrated ability to turn light on/off: _____
Demonstrated ability to load/unload washer: _____
Demonstrated ability to manage washer controls: _____
Demonstrated ability to load/unload dryer: _____
Demonstrated ability to manage dryer controls: _____
Demonstrated ability to hang clothes (indoors/outdoors): _____
Demonstrated ability to independently _____
Demonstrated ability to transport laundry: _____
Other: _____

OTHER ROOMS

SAFETY FEATURES

Exterior doors have peepholes or viewing panels at a good viewing height: _____

Outside entrance well-lit: _____

Windows have safety locks: _____

Fire alarms in each room: _____

Emergency call system

lifeline bell monitor other: _____

Nightlight: how many: _____ location: _____

Other: _____

HOME ASSESSMENT RECOMMENDATIONS

ENTRANCE

LIVING ROOM

BEDROOM

BATHROOM

KITCHEN

LAUNDRY

OTHER ROOMS

MISCELLANEOUS/EQUIPMENT

The above recommendations are to facilitate maximum safety and independence in the home environment. Please contact the therapist at 247-0105 x 9, if any questions should arise.

PHYSICAL THERAPIST (name/date): _____

OCCUPATIONAL THERAPIST (name/date): _____