Home visit risk assessment form

FORM TEMPLATE

Name _____ Role _____ Date _____

* Required

Suburb or area *

Not the full address, which is in the patient's record.

First visit date *

Known hazards

- [ ] Pets
- [ ] Stairs or difficult access
- [ ] Parking or lighting
- [ ] Smoking in the home
- [ ] History of aggression
- [ ] Other people in the home
- [ ] Infection risk
- [ ] Other

Details

Risk rating *

- ( ) Low
- ( ) Medium
- ( ) High

Controls *

For example, pets put away, visit in daylight, or two staff.

Check-in arrangement *

Who you'll call before and after, and what happens if you don't.

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____