



# Home Visit Risk Assessment Form

Client Name			
Client Address		Client DOB	
Form completed by		Date of completion	

		Yes/No	Comments
<b>GEOGRAPHICAL LOCATION</b>	Are there any difficulties locating the address / access to the building?		
	Is there parking available? Street? Paid?		
	Is entry via the front door? If no, which door is used for entry?		
	Is access to the home free from slip/trip hazards?		
<b>CLIMATE AND FAMILY</b>	Will anyone else be present during the visit?		
	Any history of verbal or physical aggression from the client or family?		
	Any history of alcohol and drug use? If yes, there can be no drinking of alcohol or use of drugs whilst the therapist is in the home. If yes, the client cannot be under the influence of alcohol or drugs whilst the therapist is present.		
	Is there an Advanced Care Directive? Or any medical management plans we need to be made aware of? If so what, please comment		
<b>ENVIRONMENT</b>	Are there any slip/trip hazards within the home?		
	If there are any pets, has the client agreed to restrain them during the visit?		
	Are there any weapons in the home? If yes, please make sure they're stored appropriately during the visit		
	If there are any smokers, have they agreed to refrain from smoking during the visit?		
	Is there clear access and egress in the event of an emergency? i.e. no clutter blocking doors		
	Can the client self-evacuate in an emergency or only requiring minimal assistance from the Concentric clinician?		