

HOME PASS SAFETY CHECKLIST

Patient Name: _____

During your visit home, the therapy team would recommend that you practice the highlighted items to ensure your ability to complete the task safely. Please follow the safety instructions recommended by therapy. Do not attempt any activity if you have concerns about your safety. Please checkmark any activity that you attempted. Upon returning to the facility, your therapists will review any concerns that you, your family or caregiver identified during your home pass visit.

Home Entry

- _____ Enter/exit home safely
- _____ Open and close the door by your self
- _____ Walk up/down driveway
- _____ Outdoor steps/stoops
- _____ Are railings sturdy?
- _____ Uneven surfaces (slope/pavement/grass)

Therapist Comments/Safety instructions:

Stairways

- _____ Maneuver indoor flight of stairs

Therapist Comments/Safety instructions:

Bedroom

- _____ enter bedroom
- _____ enter/exit bed
- _____ Able to access drawers/cabinets/closets

Therapist Comments/Safety instructions:

Bathroom

- _____ Get in/out of tub
- _____ Get in/out of shower
- _____ Sit/rise from toilet
- _____ Access cabinets
- _____ Access medication
- _____ Maneuver space of bathroom

Therapist Comments/Safety instructions:

Kitchen

- _____ Access Oven
- _____ Access Microwave
- _____ Access Sink
- _____ Open cabinets
- _____ Access refrigerator
- _____ Maneuver space of kitchen.
- _____ Able to use outlets, lights, garbage disposal
- _____ Able to reach frequently used items
- _____ Able to carry objects (plates, milk, coffee cup, pot of water) from one area to another safely

Therapist Comments/Safety instructions:

Miscellaneous

- _____ Complete phone call, dial emergency number, answer phone in reasonable time
- _____ Sit/rise from favorite chair
- _____ Answer door independently
- _____ Are there throw rugs to be moved?
- _____ Is there hot water, heating, air conditioning
- _____ Able to manage garbage removal
- _____ Are phones within easy reach through out home or do you have a portable phone
- _____ Able to retrieve mail
- _____ Able to manage laundry

Therapist Comments/Safety instructions:
