TOP AID
HEALTHCARE, INC

HOME SAFETY CHECK and PROGRESS NOTES

Do you have a new Primary Care Physician? No Yes

If YES:

New Physician name: _____

Facility Name and Address: _____

_____

Phone #: _____

Home Safety Check:

- O Fire Extinguisher
- O Smoke Detector
- O Emergency First Aid Kit
- O Carbon Monoxide Detector
- O Bathroom Rails
- O Side Rails
- O Fire Drill Reviewed
- O Fire/Emergency
- O Procedures Reviewed
- O Emergency Evacuation Plan

Monthly Progress Notes: (Record all interactions regarding patient care-Face to Face or Telephonic Care)

_____

_____

_____

_____

_____

Environmental: _____

_____

- O No Deficit
- O Fire Hazard/Safety Issues
- O Absence of Needed Adaptive Devices or Equipment/Supplies
- O Unfit Housing
- O Unsafe Neighborhood
- O Pets

Living Arrangements: _____

_____

- O Assistance Needed
- O Alone
- O Spouse
- O Significant Other
- O Child

<u>Most up to date CM Visit Note:</u>

Last Physician Seen: _____

Date of that appointment: _____

Date of Next Appointment: _____

Who will next appointment be with? _____

Financial: _____

_____

- O Assistance Needed Regarding Financial Planning
- O Medical Needs Not Met by Insurance
- O Unable to Meet Monthly Expenses
- O Unable to Afford Medication
- O Potential for Theft or Financial Abuse
- O Problems with Excessive Spending
- O No Financial Factors Identified

Transportation: _____

_____

- O No Transportation Needed
- O Caregiver Provides
- O Assistance Needed with Transportation

Overall Safety: _____

_____

Screening Questions:

Difficulty Breathing No Yes

Has Client/Caregiver been exposed to someone with Covid-19? No Yes

Dry Cough? No Yes

Sore Throat? No Yes

Are you observing social distance protocol? No Yes

Physical Ability: _____

_____

- O Altered Ability to Ambulate
- O Altered Hearing
- O Altered Speech
- O Altered Ability to Communicate
- O Presence of Pain
- O Chronic Illness

Functional Ability: _____

_____

- O Requires Assistance w/ADL's Daily
- O Requires Meal Prep/Feeding Assistance
- O Requires Assistance with Housekeeping

Social Interactions: _____

- O No Deficit
- O Social Isolation
- O Abusive Relationship
- O Dependent on Others
- O Non-Compliant

Mental /Emotional Status: _____

- O No Deficit
- O Depressed
- O Anger
- O Altered Affect
- O Anxious
- O Suicidal
- O Feelings of Helplessness and Hopelessness

Overall Safety: _____

- O Are you Happy in the Home?
- O Do you feel Safe?
- O Do you feel Respected?
- O Are you getting Adequate Services?
- O Are your Basic Needs Being Met?

Client Request/Program Awareness: _____

Local Programs

HIV/AIDS Program Assistance/AIDS Project Worcester: 1-508-755-3773	
Financial Assistance, DTA: 1-877-382-2363	MBTA (The Ride/PT1) Customer Service: 1-800-841-2900
Furniture Request: 508-762-5519	Safe link: 1-800-723-3546
Fuel Assistance: 1-508-754-1176	SNAP program, DTA: 1-877-382-2363
GED: 1-781-338-6604	SSI/SSDI: 1-800-772-1213
LifeLine Medic Alert: 1-800-380-3111	YMCA, Worcester: 1-508-755-6101 or 1-508-791-3181