



TOP AID
HEALTHCARE, INC
CARE FOR HUMANITY

Top Aid Healthcare
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Patient Home Evaluation

Patient Name _____ DOB _____

Address _____

Phone Number _____ Lives with _____

Evaluation Completed by _____ Date completed _____

Item #	Environment	YES	NO	N/A
1	Safe and Adequate food and water supplies			
2	Stove and means for refrigerator present			
3	Adequate heat and ventilation			
4	Free from infestation			
5	Pathways free of obstacles i.e loose rugs, furniture			
6	Clean area exists in which to store medical supplies			
7	Patient is cautious with heating pad			
8	Has working smoke detector			
9	If uses oxygen, appropriate signs posted			
Fire Electrical				
1	Fire extinguisher available; warning devises installed			
2	No overuse of extensions cords/adequate electrical outlets available			
3	Turns off and cooking burners			
4	Emergency telephone numbers posted by phone			
5	Turns pot handles to back of the stove when cooking			
6	Uses space heater appropriately			
7	Does not smoke in bed			
8	Oxygen precaution used			
Bathroom Safety				
1	No throw rugs			
2	Safety bars are present and in good condition			
3	Adequate lighting available			
4	Shower chair is sturdy and in good conditions.			
Medical Use				
1	Keep all medications in original bottles or med box			
2	Has medication schedule			
3	Home safety instructions given			
Interior/Exterior/Laundry				
1	Handrails are in place and secure			
2	All screens are in place and in good condition			
3	Laundry room on premises			

As of the date of this evaluation, I attest that this home environment is safe for the client.

Caseworker Signature _____ date _____