INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION
(Please Stick Label)

HOME ASSESSMENT CHECKLIST

Home Address:

_____

_____

Name of Person Performed Assessment: _____ **Date:** _____

Name of Person Performed Reassessment: _____ **Date:** _____

(If Applicable)

	Acceptable	Date Assessed	Action Plan	Date Re-Assess (If Applicable)
Household Safety				
Overall condition of the house is good and clean.	☐ Yes ☐ No			
Home has adequate lighting throughout	☐ Yes ☐ No			
Patient has access to a phone in an emergency	☐ Yes ☐ No			
Emergency phone numbers easily located	☐ Yes ☐ No			
Patient has a caregiver who stay in the same house	☐ Yes ☐ No			
There is a hospital/clinic within a reasonable distance	☐ Yes ☐ No			

Effective Date: 08 October 2019

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	Acceptable	Date Assessed	Action Plan	Date Re-Assess (If Applicable)
Storage				
Home has fridge which is suitable to store the diluted medication	☐ Yes ☐ No			
Refrigerated is clean and adequate space to store the medication	☐ Yes ☐ No			
Home has a dedicate cupboard/ drawer to store consumable items	☐ Yes ☐ No			
Equipment				
Blood Pressure Monitoring Set	☐ Yes ☐ No			
Fall Safety				
Furniture is arranged for good traffic flow	☐ Yes ☐ No			
Floors and hallways are free of clutter and possible hazards	☐ Yes ☐ No			
All rugs are secure or have been removed	☐ Yes ☐ No			
Showering facilities are equipped with a non-skid surface	☐ Yes ☐ No			
Signature: **Name:** **Date:** **Time:**				