



(Appendix A)
 Physical Medicine & Rehabilitation Hospital
 Occupational Therapy services



HOME ASSESSMENT: Basic

Name: _____ Therapist: _____

Diagnosis: _____

Type of Home: ___ Apartment-Floor ___ Private Home-
 No. of Rooms ___ No. of Floors ___

*****Make sure to measure innermost space when measuring doorways. *****

ENTRANCE TO HOME

1. ___ Elevator ___ Stairs ___ N/A
2. ___ Number of steps in stairs Handrails: ___ Right ___ Left ___ Both
3. Entrance to be used: ___ Front ___ Side ___ Back Width of doorway: _____
4. Comments: _____

BEDROOM

1. Width of doorway: _____
2. Height of bed: _____
3. Type of floor covering: _____
4. Which floor located on: _____
5. Other bedrooms: _____ Width of door: _____
6. Comments: _____

BATHROOM

1. Width of doorway: _____
2. Type of bathtub: ___ roll rim ___ square rim ___ wide square rim

3. Tub Shower Combo

4. Tub is enclosed by: shower curtain sliding doors neither

5. Is there a separate shower stall? Yes No

6. Bathroom is on the same floor as: bedroom living room kitchen

7. It is feasible to install handrails on: bathtub walls toilet

8. Toilet: Approach: Right Left Seat Height

9. Comments: _____

KITCHEN

1. Width of doorway: _____

2. Is there a doorsill? Yes No

3. Type of floor covering: _____

4. Stove: Gas Electric Location of controls: _____

5. Microwave: Yes No

6. Comments: _____

OTHER ROOMS _____

1. Width of doorway: _____

2. If needed, is there suitable space for installation of parallel bars? Yes No

3. Comments: _____

ANTICIPATED DURABLE MEDICAL EQUIPMENT RECOMMENDATIONS (To be completed with Therapist): _____

