Alabama DHR Home Visit Checklist

General information				
Date of visit:				
Residential address:				
Name of professional conducting the visit:				
Names and ages of individuals residing in the home:				
Safety and environment				
Question	Yes/No	Notes		
Is adequate cleanliness and organization observed?	☐ Yes			
Are there any safety hazards identified?	☐ Yes			
Are the emergency exits and plans in place?	☐ Yes			
	☐ Yes			
Additional notes:				

Health and medical needs				
Question	Yes/No	Notes		
Do/es the individual/s have any known medical conditions?	☐ Yes			
Is/are their medication regimen/s being followed?	☐ Yes			
	☐ Yes			
Additional notes:				
Nutrition and well-being				
Question	Yes/No	Notes		
Are there sufficient and nutritious food available?	☐ Yes			
Are there observable signs of physical well-being?	☐ Yes			
	☐ Yes			
Additional notes:				

Support systems				
Question	Yes/No	Notes		
Is there a presence of family or community support?	☐ Yes			
Is there accessibility and utilization of healthcare services?	☐ Yes			
	☐ Yes			
Additional notes:				
Follow-up				
Question	Yes/No	Notes		
Is a follow-up visit recommended?	☐ Yes			
	□ No			
Additional notes:	□ No			

Additional observations	
Conclusion and recommendations	