

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any safety hazards identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the emergency exits and plans in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional notes:

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

Support systems		
Question	Yes/No	Notes
Is there a presence of family or community support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there accessibility and utilization of healthcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional notes:		
Follow-up		
Question	Yes/No	Notes
Is a follow-up visit recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional notes:		

Additional observations

Conclusion and recommendations