

Alabama DHR Home Visit Checklist

General Information

Date of Visit: _____

Name of Professional Conducting the Visit: _____

Address of the Home: _____

Names and Ages of Individuals Residing in the Home:

Question	Yes / No	Notes
Safety and Environment		
Adequate cleanliness and organization observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any safety hazards identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency exits and plans in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health and Medical Needs		
Any known medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication regimen being followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nutrition and Well-being		
Sufficient and nutritious food available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Observable signs of physical well-being?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Systems		
Presence of family or community support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accessibility and utilization of healthcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up		
Is a follow-up visit recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Observations

Conclusion and Recommendations