

House Rehab Checklist

Check if Completed	Category	Details to Consider	Notes/Actions
<input type="checkbox"/>	Home Accessibility	Assess entryways, hallways, and door widths for accessibility.	
<input type="checkbox"/>	Safety Modifications	Install grab bars, non-slip mats, and adequate lighting.	
<input type="checkbox"/>	Medical Equipment	Determine the need for special equipment like hospital beds, oxygen, etc.	
<input type="checkbox"/>	Medication Management	Set up a system for medication organization and reminders.	
<input type="checkbox"/>	Emergency Preparedness	Establish a plan for emergencies, including easy access to help.	
<input type="checkbox"/>	Meal Preparation	Assess the ability to prepare meals and consider meal delivery services.	
<input type="checkbox"/>	Caregiver Support	Identify and coordinate with caregivers for additional support.	
<input type="checkbox"/>	Physical Therapy Space	Designate an area for physical therapy exercises.	
<input type="checkbox"/>	Follow-up Appointments	Schedule necessary follow-up appointments with healthcare providers.	
<input type="checkbox"/>	Mental Health Considerations	Plan for mental health support, if necessary.	

Doctor's Acknowledgment

Name of Doctor: _____

Signature: _____

Date: _____