

**GRIFFITH AREA PALLIATIVE CARE SERVICE**  
**Home Visit Environmental Checklist**



SURNAME.....	MRN .....
GIVEN NAMES.....	
DOB.....	GENDER .....
ADDRESS .....	
.....	

HOME LOCATION DETAILS	YES	NO	N/A
• Visible house number?			
• Front Light?			
• Telephone connected?			
• Is the main entrance at front of the house?			
• Nearest cross street?			

If it is a unit or a farm how is it reached?: .....

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HOUSING OCCUPANTS	YES	NO	N/A
• Is there a carer/support person in the home?			
• Any evidence of domestic violence issues?			
• Will other people be present in the home - how many?			
• Has the patient adequate English to understand English?			
• Is transport available?			

HAZARDS	YES	NO	N/A
• Problem pet - dogs etc?			
• Is patient aware to restrain?			
• Any other hazards?			

Name:..... Designation: .....

Signature:..... Date: .....