



## Virtual Home Assessment

Please complete this form prior to your pre-operative Physical Therapy evaluation. Completing this "virtual home assessment" will help your physical therapist develop a plan for your recovery that is both safe & effective.

Bring the completed form to your appointment scheduled on: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of person completing form and contact number: \_\_\_\_\_

Instructions: Please place a check mark in the box next to the item(s) that best describes your home and/or availability to resources. Feel free to provide additional information in the spaces provided.

### MEDICAL EQUIPMENT ALREADY AT HOME:

- Wheelchair  Walker  Single Point Cane  Quad Cane  Hemi-walker  Leg Lifter
- Bedside Commode  Raised Toilet Seat  Toilet Frame  Shower Chair  Tub Bench
- Reacher  Sock Aide  Long-handled Shoe Horn  Other: \_\_\_\_\_

### GENERAL INFORMATION:

Lives:  Alone  With: \_\_\_\_\_

What support is available: \_\_\_\_\_

Type of Home:  Apt  Ranch  Split-level  Other: \_\_\_\_\_ Number of levels: \_\_\_\_\_

### ENTRANCE OF HOME (Describe the entrance used most often):

Distance to enter: \_\_\_\_\_  Even  Uneven

How many steps: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Depth: \_\_\_\_\_

Rails (going up):  Left  Right  Both  None

Ramp (if applicable): Width: \_\_\_\_\_ Length: \_\_\_\_\_ Height: \_\_\_\_\_  Not applicable

### INSIDE STAIRS: Not applicable

Floor:  Carpet  Tile  Linoleum  Hardwood  Area rug  Other: \_\_\_\_\_

Number of stairs: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Rails (going up):  Left  Right  Both  None

### LIVING ROOM:

Floor:  Carpet  Tile  Linoleum  Hardwood  Area rug  Other: \_\_\_\_\_

Yes  No Does furniture block walkways?

Comments: \_\_\_\_\_

**KITCHEN:**

Floor: Carpet Tile Linoleum Hardwood Area rug Other: \_\_\_\_\_

Counter height: \_\_\_\_\_ Distance between counter and table: \_\_\_\_\_

Stove: Not applicable Gas Electric Knobs: Front Back Side

Location of microwave: Counter Above stove On cart Not applicable

Are you able to place/remove items from microwave? Yes No

Comments: \_\_\_\_\_

**BATHROOM:**

Location: First level Second Level Both Other: \_\_\_\_\_

Floor: Carpet Tile Linoleum Hardwood Area rug Other: \_\_\_\_\_

Width of door: \_\_\_\_\_ Height of toilet: \_\_\_\_\_

Can bars or rails be installed if needed? Yes No

Comments: \_\_\_\_\_

Tub/Shower: Tub/shower combo Tub Walk-in shower

Tub height: \_\_\_\_\_ Tub width at base of tub: \_\_\_\_\_

Height of step into shower: \_\_\_\_\_

Grab bars? Yes No

Shower chair/tub bench? Yes No

Non-skid surface present? Yes No

Hand-held shower head? Yes No

**BEDROOM:**

Location: First level Second Level Width of door: \_\_\_\_\_

Floor: Carpet Tile Linoleum Hardwood Area rug Other: \_\_\_\_\_

Bed: Single Full Queen King Hospital Height of bed: \_\_\_\_\_

**LAUNDRY:** Not Applicable Location: \_\_\_\_\_

**Comments/Questions:** \_\_\_\_\_

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