

Home and Safety Assessment



**Pediatric Therapy
of Colorado, LLC**

Phone: 720-664-6688
PO Box 745113
Arvada, CO 80006-5113

Patient Name:	
Address:	

Environment

Safe and adequate food and water supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stove and means for refrigeration present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate heat and ventilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Free from infestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pathways free of obstacles such as loose rugs, furniture, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has working smoke detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Fire/Electrical

No overuse of extension cords/adequate outlets available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Turns off oven and stove burners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Oxygen precautions used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Bathroom Safety

Proper trip hazard prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Shower chair in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Medication

Keeps medication schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
---------------------------	------------------------------	-----------------------------	------------------------------