

Home/Environmental Survey

Client Name: _____ Date of Assessment: _____

Address: _____

HOUSING TYPE: Apartment/Condo One story house Multi level house Mobile home
 Independent living Assistive Living Group home Long term care facility
 Other _____

Rent Own Can remodeling be done if needed? : No Yes

Comments: _____

PRIMARY ENTRANCE/EXIT: Front Side Back Garage

Describe: _____ Threshold height: _____

Steps into home No Yes Number: _____ Width: _____ Height: _____

Existing ramp: No Yes If "Yes", is it safe and ADA compliant?: No Yes

Plans for a ramp: No Yes

OUTSIDE SURFACES: Pavement Gravel Grass Brick/stone Dirt

Others: _____

INTERIOR SURFACES: Low pile carpet High pile carpet Linoleum Hardwood Tile

Other(s) _____

Comments: _____

SPACE: Cluttered Open Small rooms Narrow hallways

Comments: _____

DOOR WIDTHS: Entrance: _____ Bedroom: _____ Bathroom: _____ Kitchen: _____

Living room: _____ Hallways: _____ Dining room: _____ Others: _____

Comments: _____

STEPS WITHIN THE HOME: No Yes where? _____ Number: _____ Height: _____

Other access within the home: Ramp Stair glide Elevator Other _____

Describe: _____

EXPLAIN PLANS TO ADDRESS ACCESSIBILITY ISSUES: _____

EQUIPMENT TRIALS:

What equipment was tried (type / model): _____

Results (describe ability for individual to access and maneuver in all necessary spaces, enter/exit home) :

If individual was unable to access/maneuver in any needed space or room how will this be addressed?: _

TRANSPORTATION MODE: 2-door car 4-door car SUV Van Adapted van/lift Bus
 Truck Handi-van Other _____

Driving: No adaptations Hand controls Drives from driver's seat Drives from wheelchair
 Unable to drive Sits in passenger seat Sits in wheelchair

Wheelchair securement: Docking system 4-point Tie-downs Other _____

Wheelchair stowage: Front seat Back seat Trunk/hatch/truck bed

Comments: _____

RECOMMENDATIONS: _____

Is/are the patient/ caregiver/family willing and able to use the recommended mobility device safely and properly to assist with daily activities Yes No

Client signature: _____ **Date** _____

If client is unable to sign:

Caregiver's name (printed): _____

Relationship to client: _____

Caregiver signature: _____ **Date** _____

Evaluation completed by (print name): _____

Company name: _____

Signature: _____ **Date** _____