



Home Visit Risk & Safety Screen

This screen is to be conducted before an Adaptability Therapy therapist makes a home visit for the first time to a new client and when relevant client circumstances change to warrant a re-assessment.

Client Name

Client Date of Birth

Date of the Screen

**Name of Person providing
information for the Screen**

PHYSICAL STRUCTURE AND ACCESS

Is the home visible from the street?

YES NO

Is there on-street parking in close vicinity to the home?

YES NO

Is the home in a remote area?

YES NO

Do you need to travel on un-sealed roads to reach this house?

YES NO

Is the home in safe repair? including internal/external stairs, internal/external flooring, electrical, plumbing etc?

YES NO

Is there adequate ventilation and lighting within the home?

YES NO

Is there adequate space for the therapist to undertake the session?

YES NO

Where are the exits within the house? (All available exits should be unlocked during visits.)

FRONT SIDE REAR

Is there mobile coverage at the home?

YES NO

WITHIN THE HOME

Who resides in the home?

Is the client the only person expected to be present during home visits?

YES NO

Is the client (or others within the home) known to be potentially aggressive, violent or under the influence of drugs or alcohol?

YES NO

Does the client have pets?

YES NO

If yes, will they be securely locked away during the visits?

YES NO

Will all people present refrain from smoking during visits?

YES NO

Are there weapons within the home?

YES NO

Has relevant medical history been communicated, including potential risk situations?

YES NO

ADAPTABILITY THERAPY FOLLOW UP

Therapist reviewing screen:

Date of Review:

Home Visit Approved: YES NO

Actions taken if applicable to control identified risks: