

HOME EVALUATION



***Please complete the enclosed forms**

Preferred Name: _____ Date of Birth: _____

Surgeon's Name: _____ Date of Surgery: _____

Type of Surgery: _____ Height: _____ Weight: _____

Living Situation/ Home Set up

1. I Live: Alone With Family With Spouse Other
2. I live in: House Senior Living Apartment Other Assisted Living
3. My Home is: One Level Split Level 2-Story Apartment
4. Number of Steps Present at Home: (Circle One)
 - a. Steps to Front Door _____ Railing Right Left Both
 - b. Steps To Garage _____ Railing Right Left Both
 - c. Steps to Back Door _____ Railing Right Left Both
 - d. Steps to Basement _____ Railing Right Left Both
 - e. Steps to Second Floor _____ Railing Right Left Both
5. Bathroom Has: Tub Only Combination Tub/Shower Walk-In Shower
 Shower Curtain Shower Door
 Standard Height Toilet (15 inches) High Rise Toilet
6. Equipment I Currently Have: Toilet Riser Grab Bars Bath Bench
 Hand Held Shower Commode Wheeled Walker
 Wheelchair Standard Walker Crutches Cane
7. Are you able to dress yourself, including shoes and socks? Yes No
8. Are you able to bathe or shower by yourself? Yes No
9. Currently I walk: Alone With a Walker With a Cane With Crutches
 Outdoors Indoors Only 0-6 blocks More than 6 Blocks
10. Will Your Walker Fit Throughout Your Home? Yes No



