OmaScan

Home Safety and Accessibility Assessment

Confidential: contains personal health information

Client

Client full name

Date of birth

YYYY-MM-DD

Home address

Phone

Email

Funder or payer, and client file or claim number, if any

Substitute decision-maker or alternate contact: name, relationship and phone

Interpreter or other communication support used, if any

Visit

Visit date

YYYY-MM-DD

Visit duration (minutes)

Visit type

◯ In person ◯ Virtual

People present at the visit

Report date

YYYY-MM-DD

Assessor

Assessor full name

Designation, e.g. OT Reg. (Ont.)

College registration number

Organization

Assessor phone

Assessor email

Referral

Referral source

Reason for referral, or the question this assessment answers

Consent

OT completes by hand

Client or substitute decision-maker agreed to: all / some / none of the assessment

☐ all ☐ some ☐ none

☐ Benefits, risks and alternatives discussed

Limits the client placed on sharing information

Health

Primary diagnosis or presenting condition, other relevant conditions, medical, surgical or injury history with dates, and how the client managed before.

Living situation

Living arrangement

◯ Lives alone ◯ Lives with others

Other people in the home

Type of home, e.g. house, apartment, retirement residence

Home ownership

◯ Owns ◯ Rents ◯ Other

Owner or landlord permission for changes

◯ Yes ◯ No ◯ Not yet asked ◯ Not applicable

Supports and caregivers: who helps, with what, how often

Equipment

Mobility aid used

☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ No mobility aid used

Other equipment and aids in use, including bathroom equipment and hearing or vision aids

Person factors

Vision, hearing, cognition and memory, communication, balance, coordination and endurance, height and weight (with units).

Goals

Client's main concerns and goals, in their own words

Day-to-day function

For each activity, the level of help (independent, supervision or set-up, some help, full help, not observed), aids used, and whether observed or reported: bed, chair, toilet and tub or shower transfers; walking indoors and outdoors; stairs; bathing; toileting; dressing; grooming; meal preparation; household tasks; managing medications; using the phone and calling for help.

Hazards and safety

Lighting (including at night), floor hazards (rugs, cords, clutter, slippery surfaces), missing or loose rails or grab bars, pets, working smoke and carbon monoxide alarms, a way to call for help, exit plan, medication storage, fire risks, hazardous products, hot water temperature.

Room by room

For each area you saw, write the area name, then hazards, barriers and what works well: entrance and outside access, inside stairs, hallways and doorways, living area, kitchen, bedroom, bathroom and toilet, laundry, garage, basement and parking.

Measurements

Write each with its unit (in or cm): door clear widths (main entrance, bathroom, bedroom), entrance and inside steps (number, riser, tread), toilet seat, bed and chair seat heights, narrowest hallway, tub rim, shower curb, kitchen counter, and any others with their location.

Findings

OT completes by hand

Summary of findings and clinical reasoning

Recommendations

For each recommendation: what, and where in the home; the functional need it addresses; priority (urgent, soon, later); and the client's response.

Education and referrals

Follow-up

Follow-up or reassessment: whether needed, plan and timing

Attachments

Attachments included, e.g. photos, drawings, quotes or estimates

Sign-off

OT signature

Signature

OT signature date

YYYY-MM-DD

Client or substitute decision-maker signature

Signature

Client or substitute decision-maker signature date

YYYY-MM-DD