

Stroke Rehabilitation Home Assessment Form

Patient Information

Patient Name

Date of Birth

Home Address

Assessment Date

Home Accessibility

Entrance Accessibility (e.g., steps, ramp, railing)

Doorway Widths (suitable for wheelchair/walker?)

Hallway Accessibility

Living Space

Living Room Accessibility & Hazards

Bedroom Accessibility & Hazards

Bathroom Accessibility (grab bars, shower, toilet, non-slip features)

Kitchen Accessibility & Hazards

Mobility & Safety

Mobility Aids (wheelchair, cane, walker, etc.)

Potential Fall Risks (rugs, cords, clutter, stairs, etc.)

Emergency Plan (contacts, exits, alarms)

Recommendations / Modifications

Recommendations for Home Adaptations

Assessor Name

Assessor Signature