

# Physical Therapy Home Assessment Sheet

## Patient Information

Name

Date of Assessment

Assessor

Address

Contact Number

## Home Accessibility

Entrance (Steps, Ramp, etc.)

Hallways (Width, Obstacles)

Doors (Widths, Thresholds)

Elevators (if applicable)

## Living Spaces

Living Room (Furniture arrangement, Hazards)

Bedroom (Accessibility, Bed Height)

Kitchen (Appliance access, Workspace)

Bathroom (Grab bars, Toilet height)

Mobility and Safety

Mobility Aids Used

Lighting (Adequacy, Switch locations)

Floor Surfaces (Carpets, Rugs, Slip hazards)

Emergency Exits / Fire Safety

Recommendations and Plan

Suggested Modifications

Adaptive Equipment Needed

Home Exercise Program

Other Notes