

# HOME VISIT RISK ASSESSMENT FORM



Date completed:

## CLIENT/PARTICIPANT DETAILS

Full Name:  DOB:

Address:

Type of residence:

## PERSON COMPLETING FORM (DO NOT NEED TO COMPLETE IF SELF)

Full Name:

Relationship to client/participant:

Phone:  Email:

Please tick confirm the client/participant is aware and consents to you completing this form on their behalf (Please note this is a requirement if submitting this form)

## ACCESS TO PROPERTY

If 'YES' please add  
comments

Is there free parking available and easy to access?

Is the client/participant/carer willing and able to open the door to ensure the practitioner can enter easily and safely?

Are there any doors/gates with codes/locks that are required to obtain entry to the property?

Are there any other specific exit requirements which need to be advised?

## ENVIRONMENT

### COMMENTS

Is there adequate light and space for our practitioners to safely perform necessary assessments and treatment in the home?

Are there any animals that are surrounding/inside the property? If so, are they able to be isolated prior to our visit?

Do residents of the home smoke inside or outside the property? If yes, please see our smoking policy and agree.

## PERSONS PRESENT AT APPOINTMENT

### COMMENTS

Are there communication challenges that we need to be aware of that impact assessments and treatment?

Is there a requirement for a guardian/carer to be present during appointments?

Are there any persons present at the appointment that have a history of behavioural issues that we need to be aware of?

Are there religious or cultural considerations that BMHG needs to be aware of?

**Please note BMHG practitioners are not able to remove footwear due to OH and S reasons. They are able to wear foot covers to accommodate.**

## HOME SMOKING POLICY

If you have advised BMHG that there is persons who smoke at the home, we please ask that 3 hours prior to our attendance that:

1. No smoking takes place
2. That doors and windows are opened to increase airflow

Please tick if you read, understand and will adhere the home smoking policy (if applicable)

## PLEASE TICK TO AGREE

I agree that persons at the appointment will always have no sickness (e.g. Flu, Covid-19)

I agree to update BMHG if there are any changes to the risk assessment form.

I agree that if any of the above are not correct that this may cause cancellation of service

***We appreciate the time you have taken to complete this form in order to keep our team as safe as possible - if you have any questions don't hesitate to call our team on 1800 941 223***

## FUTHER COMMENTS

Please provide any further comments that you believe would be beneficial to us if you need here