

<b>HOME / COMMUNITY VISIT RISK SCREENING TOOL</b> (Complete via phone prior to first visit and as required)		SURNAME:		
		GIVEN NAMES:		
		D/O/B:		
<b>Read to Participant:</b> (Person's Name), for staff safety we ask all our clients a few questions before visiting their homes. Some of the questions are about getting to your home, pets, firearms and smoking. It will only take a few minutes. Is this a convenient time for you?				
Is this your usual address? <input type="checkbox"/> Yes		Usual Address:		
(If no, complete for both addresses) <input type="checkbox"/> No		Current Address		
Type of accommodation (please circle)				
House	Flat/Unit	Aged Care Facility	High Rise Complex	
Are there any.....? (please circle)				
Stairs	Lift	Elevator	Ramps	

### ACCESS TO PROPERTY

Question	Yes	No	Action/Comments
Do you live in a geographically isolated area?	<input type="checkbox"/>	<input type="checkbox"/>	
Will I see your house from the street?	<input type="checkbox"/>	<input type="checkbox"/>	
Where can I park at your home safely? Is on street parking available nearby?	<input type="checkbox"/>	<input type="checkbox"/>	
Will I be using the front door?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there level access to your home?	<input type="checkbox"/>	<input type="checkbox"/>	
Will someone be able to open the front door?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there mobile phone coverage at your home?	<input type="checkbox"/>	<input type="checkbox"/>	
If you do not appear to be at home when I visit what would you like me to do?	<input type="checkbox"/>	<input type="checkbox"/>	

## OCCUPANTS

Who do you normally live with at this address?	<input type="checkbox"/> Alone	<input type="checkbox"/> Family	<input type="checkbox"/> Carer	<input type="checkbox"/> Other Describe:
Question	Yes	No	Action/Comments	
Will anyone else be at home when I visit?	<input type="checkbox"/>	<input type="checkbox"/>		
Will anyone at home be upset by me visiting?	<input type="checkbox"/>	<input type="checkbox"/>		
Does anyone at home take drugs or drink a lot of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>		
Does anyone in the home smoke and can they refrain during the visit?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have any weapons at home?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there anyone in the house with a contagious disease?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have any animals/pets?	<input type="checkbox"/>	<input type="checkbox"/>		
Can they be restrained/isolated during the visit?	<input type="checkbox"/>	<input type="checkbox"/>		

## PARTICIPANT RELATED CONSIDERATIONS

Question	Yes	No	Action/Comments
Are there any previously identified alerts/risks?	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Are there any particular behaviours of concern?	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Is there known history of aggression?	<input type="checkbox"/>	<input type="checkbox"/>	Describe:

Signature:		Name:
Role:		
Date:		Time:
Visit to Proceed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Person Visit	