

Safety Observation Checklist

IF YOU ANSWER YES TO QUESTIONS 1-15 AN IMMEDIATE CALL TO THE OFFICE OR AFTERHOURS PHONE IS REQUIRED!

		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Personal Safety	1. Do you see any unusual lesions, bruises or injuries? If so describe in an incident report														
	2. Appearance of weight gained or lost?														
	3. Does the person express any dizziness or unsteadiness?														
	4. Any new level of confusion or disorientation?														
	5. Is speech slurred, garbled or any difficulty talking?														
	6. Complains of any unusual pain or discomfort?														
	7. Complains of feeling ill?														
	8. Difficulty breathing that is unusual?														
	9. Not hungry or unable to eat?														
	10. Does the client appear to be under the influence of alcohol or other chemicals?														
	11. Is the client asking for unusual assistance or any NEW unmet needs?														
	12. Did the client refuse any services? Why?														
	13. Is client not complying with cane, walker, wheelchair or bed bound suggestions?														
	14. Has the client talked about falling lately?														
	15. Other safety issues that you can see?														
External	16. Is the home more untidy than usual?														
	17. Food in the refrigerator is less than adequate?														
	18. Food in the refrigerator is spoiled or not fresh?														
	19. Is there older food left on the table or counters?														
	20. Are there any unusual odors in the home?														
	21. Is the temperature in the home unusual for the weather or personal comfort?														
		INITIALS →													

IF ANY OF THESE SITUATIONS APPEAR TO BE AN EMERGENCY CALL 911 IMMEDIATELY AND NOTIFY THE OFFICE OR CALL THE AFTER HOURS PHONE.

Date and initial all entries
