

# In-home safety assessment summary

Agency: \_\_\_\_\_

Date of assessment: \_\_\_\_\_ Evaluator: \_\_\_\_\_ PT/OT/RN \_\_\_\_\_

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

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**One of the benefits of Priority Health Medicare Advantage plans is a home safety assessment. A critical element to the success of this initiative is relaying your findings to Priority Health to ensure the care team is able to follow up on the recommendations and care needs. When complete, please fax this “In-home safety assessment summary” to the Priority Health Healthcare Coordinator within Care Management at 616.942.0024.**

For questions, please contact 800.998.1037, ext. 68911 or 616.464.8818, ext. 68911.

☐ **No safety problem noted**

**Safety recommendations as follows:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Durable Medical Equipment (DME) recommendations:**

☐ 3-in-1 commode   ☐ Grab bar   ☐ Tub seat   ☐ Tub transfer bench

**Fall assessment:**

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**In-home safety assessment**

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

**Consider:**

- ☐ Skilled homecare for SN PT OT SP MSW
- ☐ Private duty care
- ☐ Telemonitoring
- ☐ Supplemental medication reconciliation RN home visit
- ☐ Referral for Comprehensive Medication Review (CMR)
- ☐ Personal emergency response system
- ☐ Referral to social or behavioral health due to: \_\_\_\_\_
- ☐ Referral to additional resources including: \_\_\_\_\_
- ☒ **Adding Priority Health/PCP Outpatient Care Manager**

**Other comments:**

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\_\_\_\_\_  
Clinician Signature\_\_\_\_\_  
Date

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