



This assessment is used to identify safety risks, wellness needs, and technology opportunities to support safe, independent living at home.

Client Name:			
Address:			
City / State / ZIP:			
Phone:		Email:	

Fall Prevention & Mobility

<input type="checkbox"/> History of falls	<input type="checkbox"/> Trip hazards / loose rugs
<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Grab bars needed (bath / stairs / halls)
<input type="checkbox"/> Motion lighting recommended	

Home Safety Systems

<input type="checkbox"/> Smoke / CO protection	<input type="checkbox"/> Gas leak detection
<input type="checkbox"/> Water / flood sensors	<input type="checkbox"/> Emergency audible alerts
<input type="checkbox"/> Phone alerts to family/caregiver	<input type="checkbox"/> Battery backup / UPS protection

Wellness & Daily Living

<input type="checkbox"/> Medication reminders	<input type="checkbox"/> Appointment reminders
<input type="checkbox"/> Wellness checks	<input type="checkbox"/> Voice assistant support
<input type="checkbox"/> Caregiver dashboard access	

Technology & Training

<input type="checkbox"/> Smartphone assistance	<input type="checkbox"/> Smart device training
<input type="checkbox"/> Wi-Fi assessment	<input type="checkbox"/> Caption phone / hearing support
Preferred training style:	<input type="checkbox"/> Hands-on <input type="checkbox"/> Written <input type="checkbox"/> Video <input type="checkbox"/> All

Additional Notes / Observations:

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Services provided are non-medical technology installation and training only. No medical or emergency response services are provided.