



**ResMed**

## Home Visit – Booking Questionnaire

<b>NAME OF CLIENT:</b>	<b>DATE OF APPOINTMENT:</b>
<b>ADDRESS:</b>	<b>CONTACT DETAILS:</b>

*Information for client – to assist in the preparation for the visit to your home would you mind answering a few questions.*

Are there any other relevant previous notes you would like us to be aware on prior to visit?

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Is it a house or an apartment and are there any issues with access to the property?  
If yes, what are they?

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Is your house in a remote location or difficult to find?  
If yes, please provide closet landmark for our reference.

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Are there likely to be others present during the home visit?  
If yes, please confirm their relation to you.

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Will there be any unrestrained pets present during the visit?  
If yes, can you please ensure they will be restrained during the visit?

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Are there any cultural or personal requirements to be aware of when conducting the home visit?  
If yes, please identify what these are and what the employee should do to address?

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# Awaken your best.



## Home Visit – Booking Questionnaire

***This checklist has been developed to assist in the identification of risks prior to conducting home visits. If risks have been identified, ensure appropriate control measures are implemented prior to the visit.***

*Details of Person Completing this form*

<b>NAME:</b>	<b>DATE:</b>
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*Booking Questionnaire to be forwarded to team member conducting home visit for review and action if required.*

<b>NAME OF TEAM MEMBER CONDUCTING VISIT:</b>
<b>NAME OF KEY CONTACT:</b>

<b>ACTION COMPLETED OR PROPOSED:</b>	<b>COMPLETED Y/N:</b>
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**Awaken  
your best.**