

¹³¹I Therapy: Questionnaire to Determine Eligibility for Home Discharge

1. Person interviewed: Patient Spouse Parent Other
2. Type of dwelling: House Apartment Dormitory Other
3. Will the patient have their own bathroom? Y N
4. Will the patient have their own bedroom? Y N
5. Are there any children in the home? Y N

How old? _____

6. Can they stay at another location? Y N
7. Is the patient pregnant? Y N
8. Are there any pregnant women in the home? Y N
9. Does the patient have regular visitors to the house? Y N
10. Is the patient capable of self-care? Y N
11. Will someone drive the patient to the therapy appointment? Y N

What type of car will be used? _____

We recommend that the patient sit in the furthest seat from the driver

Patient to be treated as: OP IP

Screened by: _____