

FIGURE 2

SAMPLE HOME ASSESSMENT FOR PATIENT'S ASSIGNMENT TO TELEHOMECARE

Home Assessment Checklist for Telehealth Service Delivery

Purpose: To screen current patients' homes of _____ [the home health agency] for appropriate admission to the telehealth program.

In-person assessment of homes is required to complete this checklist, and should be completed during a usual visit so that the nurse is able to judge the locations and materials within the home needed for successful telehealth service delivery and other capabilities of the patient (and/or of a caregiver who will be present at each telehealth interaction).

Name of Patient _____
 Address _____
 Name of Provider _____
 Branch Office _____
 Date _____

	YES	No. of	Location of Jacks*	Location of phone*	Location of electrical outlets*
Working phone line	_____	_____	_____	_____	_____
Phone that can be unplugged from jack	_____	_____	_____	_____	_____
Electrical outlets in room**	_____	_____	_____	_____	_____

* Measuring from patient's usual physical location during a visit (sofa, kitchen chair, etc.)

** Measure distance of these from jacks and from phone(s).

Local Helpful Contacts for Patient:

Name _____
 Relation _____
 Phone No. _____
 Address _____

Signature of Nurse _____

Date _____

Source: Kinsella, *Home Telehealthcare: Process, Policy, and Procedures* (2003)