BRT CLINICAL
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HOME HEALTH VISIT CHECKLIST

Patient Name:	DOB:	Date of Visit:
Address / Facility:		
Provider / NP:	Visit Type: ■ Initial ■ Follow-up ■ Post-discharge	

1. BEFORE / UPON ARRIVAL

- ■ Verify patient identity using two identifiers
- ■ Confirm visit purpose, referral/order, and recent hospital/ER discharge information
- ■ Review allergies and medication list
- ■ Confirm emergency contact / caregiver availability as applicable
- ■ Assess home environment for immediate safety and infection-control concerns

2. VITALS & GENERAL ASSESSMENT

- ■ BP ____/____ HR ____ RR ____ Temp ____ SpO2 ____% Weight ____
- ■ Pain ____/10; location: _____
- ■ General appearance / mental status / orientation assessed
- ■ Fall risk, mobility, gait, assistive devices, ADLs assessed
- ■ Hydration / nutrition concerns assessed

3. SYSTEMS / CONDITION REVIEW

- ■ Cardiovascular: edema, chest symptoms, BP concerns
- ■ Respiratory: dyspnea, cough, oxygen use
- ■ GI/GU: intake, bowel/bladder, nausea/vomiting
- ■ Neurologic: weakness, dizziness, confusion, new deficits
- ■ Skin: integrity, pressure areas, rash, bruising, wounds
- ■ Chronic conditions reviewed (DM, HTN, CHF, COPD, CKD, etc.)

4. MEDICATION MANAGEMENT

- ■ Medication reconciliation completed
- ■ Adherence, side effects, duplicates, expired meds, refill needs reviewed
- ■ High-risk meds / anticoagulants / insulin reviewed as applicable
- ■ Prescriptions, refills, or changes addressed as clinically appropriate
- ■ Pharmacy confirmed: _____

5. WOUND / SKIN ASSESSMENT (IF APPLICABLE)

- ■ Wound location/type/stage or etiology documented
- ■ Measurements: L ____ x W ____ x D ____ cm; tunneling/undermining assessed
- ■ Drainage, odor, wound bed, periwound, pain, infection signs assessed
- ■ Photograph obtained if consented and clinically appropriate
- ■ Wound care / dressing / supplies reviewed
- ■ Offloading, repositioning, pressure relief, nutrition education provided

6. CARE COORDINATION / ORDERS

- ■ Labs / imaging / diagnostics needed or reviewed
- ■ Referrals / specialist follow-up needed
- ■ Home health / hospice / therapy / DME / pharmacy coordination as applicable
- ■ PCP / specialist / facility notified of significant findings when indicated
- ■ Red flags and when to call 911 / seek urgent care reviewed

7. EDUCATION & PLAN

- ■ Diagnosis / condition and treatment plan explained
- ■ Medication and disease-management education provided
- ■ Diet, hydration, activity, fall prevention, skin/wound prevention reviewed
- ■ Patient/caregiver understanding confirmed; teach-back when appropriate
- ■ Follow-up interval / next visit established

8. VISIT COMPLETION / DOCUMENTATION

- ■ Assessment and plan documented in medical record
- ■ Orders / prescriptions / referrals entered or transmitted
- ■ Follow-up instructions provided
- ■ Patient/caregiver questions addressed
- ■ Next visit: _____ ■ Urgent escalation: No / Yes

Key Findings / Concerns / Follow-up:

Provider Signature: _____ Date/Time: _____

Clinical workflow checklist only. It does not replace clinical judgment, payer requirements, standing orders, or the complete medical record.