Initial Home & Lifestyle Assessment

A person-centered review of goals, daily life, supports, and the home environment

Purpose of this assessment

To understand what matters most to the older adult, identify strengths and concerns, and develop practical recommendations that support safety, independence, dignity, and quality of life at home.

Important limitation

This is a nonclinical advisory assessment. It does not diagnose medical conditions, determine legal capacity, replace a physician or licensed clinical evaluation, or guarantee that a person can remain safely at home. Call 911 for an immediate threat to life or safety.

1. Assessment Information

Older adult's full name	Preferred name	Date of birth
Home address	City / ZIP	Primary phone
Assessment date / time	Location	Assessor
Persons present	Relationship(s)	Preferred language / communication needs

Person requesting assessment

_____

Relationship to older adult _____

How did you hear about FamilyBridge?

_____

☐ Older adult consented to assessment	☐ Older adult participated directly
☐ Family provided supplemental information	☐ Private conversation offered to older adult

2. What Matters Most

In the older adult's own words: "What would make life at home go well for you?"

_____

_____

_____

_____

_____

_____

Primary reason for assessment / what changed recently

_____

_____

_____

_____

_____

_____

☐ Remain in current home	☐ Increase independence
☐ Reduce fall risk	☐ Improve daily routine
☐ Reduce family worry	☐ Increase social connection
☐ Coordinate services	☐ Plan for future needs
☐ Recover after illness/hospitalization	☐ Support family caregiver
☐ Explore housing options	☐ Other: _____

Top three priorities identified by the older adult _____

_____

_____

_____

_____

_____

Top three concerns identified by family or supporters

_____

_____

_____

_____

_____

_____

3. Living Situation & Home Context

☐ Lives alone	☐ Lives with spouse/partner
☐ Lives with adult child/family	☐ Lives with paid caregiver
☐ Independent home/condo	☐ Apartment
☐ Independent living community	☐ Other: _____

How long has the person lived here?

_____

Who else lives in the home? _____

Pets in the home / care needs _____

Home access / ownership	Response / observations
Owns home	☐ Yes ☐ No ☐ Unsure
Rents / lease considerations	
HOA or community restrictions	
Entry key / code plan	
Utilities reliable	☐ Yes ☐ No ☐ Concern noted
Working phone / emergency communication	☐ Yes ☐ No ☐ Concern noted

4. Health Context — Nonclinical Overview

Primary care provider / practice

_____

Preferred hospital / health system

_____

Recent hospitalization, ER visit, rehabilitation stay, or major health change

_____

_____

_____

_____

_____

Health conditions the person or family believes affect daily life

_____

_____

_____

_____

_____

_____

_____

Pain, fatigue, breathing, vision, hearing, continence, or sleep concerns

_____

_____

_____

_____

_____

_____

_____

☐ Advance directive available	☐ Medical power of attorney available
☐ DNR / out-of-hospital order reported	☐ Health information release needed
☐ Documents not located	☐ Older adult prefers not to discuss

Escalate promptly

New chest pain, severe shortness of breath, stroke symptoms, uncontrolled bleeding, sudden confusion, serious injury, suicidal statements, suspected abuse, or an immediate unsafe situation requires emergency or appropriate protective action—not routine follow-up.

5. Daily Function

Rate current performance based on the older adult's report, caregiver input, and direct observation when appropriate.

I = Independent S = Some help / supervision D = Dependent N/O = Not observed or unknown

Activity	I	S	D	N/O	Notes / equipment / person helping
Bathing / showering	☐	☐	☐	☐	
Dressing	☐	☐	☐	☐	
Grooming / oral care	☐	☐	☐	☐	
Toileting / continence routines	☐	☐	☐	☐	
Eating / drinking	☐	☐	☐	☐	
Transfers: bed, chair, toilet	☐	☐	☐	☐	
Walking / wheelchair mobility	☐	☐	☐	☐	
Preparing meals	☐	☐	☐	☐	
Shopping	☐	☐	☐	☐	
Housekeeping / laundry	☐	☐	☐	☐	
Using telephone / technology	☐	☐	☐	☐	
Transportation	☐	☐	☐	☐	
Managing appointments	☐	☐	☐	☐	
Managing medications	☐	☐	☐	☐	
Managing finances / mail	☐	☐	☐	☐	

6. Mobility, Falls & Physical Access

☐ Walks without device	☐ Cane
☐ Walker / rollator	☐ Wheelchair
☐ Scooter	☐ Furniture or walls used for support
☐ Needs another person's assistance	☐ Device available but not consistently used

Question	Yes	No	Unknown / notes
Any fall in the past 12 months?	☐	☐	
Two or more falls?	☐	☐	
Injury from a fall?	☐	☐	
Fear of falling limits activity?	☐	☐	
Dizziness, fainting, or balance concerns?	☐	☐	
Difficulty getting up from chair or bed?	☐	☐	
Difficulty entering/exiting home?	☐	☐	
Difficulty using stairs?	☐	☐	
Safe footwear routinely worn?	☐	☐	
Therapy or mobility evaluation currently involved?	☐	☐	

Observed gait, transfers, endurance, or mobility concerns

_____

_____

_____

_____

_____

_____

_____

7. Home Safety Walk-Through

Document observable conditions. Do not certify the home as "safe." Photograph only with written permission.

Area	OK	Concern	N/A	Observations / recommended follow-up
Exterior path, driveway, lighting	☐	☐	☐	
Steps, railings, ramps, threshold	☐	☐	☐	
Main entrance / locks / visibility	☐	☐	☐	
Hallways and walking paths	☐	☐	☐	
Rugs, cords, clutter, floor surfaces	☐	☐	☐	
Stairs / handrails / contrast / lighting	☐	☐	☐	
Living area seating and pathways	☐	☐	☐	

Area	OK	Concern	N/A	Observations / recommended follow-up
Kitchen access, stove, food storage	☐	☐	☐	
Bathroom entry and floor surface	☐	☐	☐	
Grab bars / toilet / shower access	☐	☐	☐	
Bedroom access / bed height / lighting	☐	☐	☐	
Laundry access	☐	☐	☐	
Smoke and carbon monoxide alarms	☐	☐	☐	
Heating / cooling / water / sanitation	☐	☐	☐	
Fire extinguisher / exit plan	☐	☐	☐	
Medication and hazardous-item storage	☐	☐	☐	
Weapons secured, if present	☐	☐	☐	
Pet-related trip or care concerns	☐	☐	☐	
Emergency alert / ability to summon help	☐	☐	☐	

Highest-priority home concern

_____

Professional home-safety / OT evaluation recommended? ☐ Yes ☐ No ☐ Consider

_____

8. Medication & Healthcare Organization

☐ Self-manages medications	☐ Family sets up medications
☐ Paid caregiver assists	☐ Pharmacy packaging / pill packs
☐ Pill organizer	☐ Automated dispenser
☐ Medication list available and current	☐ Medication list unavailable / incomplete

Question	Yes	No	Unknown / notes
Any missed, duplicated, or confused doses reported?	☐	☐	
Difficulty opening bottles or reading labels?	☐	☐	
More than one pharmacy used?	☐	☐	
Expired or discontinued medication present?	☐	☐	
Medication affordability concern?	☐	☐	
Recent medication change with new symptoms?	☐	☐	
Refills and pickup reliably managed?	☐	☐	

Medication-related observations / follow-up needed

_____

_____

_____

_____

_____

Boundary

FamilyBridge may observe, organize information, and coordinate with authorized professionals. It does not prescribe, interpret, administer, or independently change medications.

9. Nutrition, Hydration & Food Access

☐ Prepares own meals	☐ Family prepares / delivers meals
☐ Meal delivery service	☐ Congregate dining / community meals
☐ Paid caregiver prepares meals	☐ Frequently skips meals
☐ Limited food in home	☐ Special diet reported

Question	Yes	No	Unknown / notes
Unplanned weight loss or gain reported?	☐	☐	
Difficulty chewing or swallowing?	☐	☐	
Difficulty shopping or preparing food?	☐	☐	
Adequate fluids available and consumed?	☐	☐	
Spoiled food / food-safety concerns?	☐	☐	
Alcohol use creates a concern?	☐	☐	
Dietary needs understood and manageable?	☐	☐	

Typical meals / preferences / cultural or faith considerations

_____

_____

_____

_____

10. Thinking, Memory, Mood & Judgment

Record reported or observed concerns without diagnosing cognitive impairment or mental illness.

Area	No concern	Possible concern	Significant concern	Notes / examples
Memory / repeated questions	☐	☐	☐	
Orientation to time / place	☐	☐	☐	
Following instructions / appointments	☐	☐	☐	
Decision-making / judgment	☐	☐	☐	

Area	No concern	Possible concern	Significant concern	Notes / examples
Financial vulnerability / scams	☐	☐	☐	
Mood / anxiety / withdrawal	☐	☐	☐	
Sleep / nighttime behavior	☐	☐	☐	
Driving judgment	☐	☐	☐	
Ability to respond in an emergency	☐	☐	☐	

Changes from the person's usual baseline and when they began

_____

_____

_____

_____

_____

_____

Formal evaluation or clinician follow-up recommended? ☐ Yes ☐ No ☐ Consider

_____

11. Social Life, Purpose & Spiritual Preferences

A good day looks like _____

_____

_____

_____

_____

Important people, activities, hobbies, routines, and traditions

_____

_____

_____

_____

_____

_____

☐ Regular family contact	☐ Friends / neighbors involved
☐ Church / faith community involved	☐ Community or senior-center activities
☐ Feels lonely or isolated	☐ Stopped valued activities
☐ Would like more connection	☐ Prefers limited social contact

Faith tradition or spiritual practices, if the person wishes to share

_____

_____

_____

_____

_____

☐ Would welcome optional spiritual encouragement	☐ Would welcome contact from own clergy
☐ Does not want spiritual care included	☐ Preference not discussed

What gives the person meaning, comfort, or motivation?

_____

_____

_____

_____

_____

12. Transportation & Community Access

☐ Drives independently	☐ Drives with limitations
☐ Family/friends provide rides	☐ Public/paratransit
☐ Rideshare / taxi	☐ Community transportation
☐ Paid caregiver transports	☐ No reliable transportation

Question	Yes	No	Unknown / notes
Recent accident, near miss, or getting lost?	☐	☐	
Family or clinician has raised driving concerns?	☐	☐	
Difficulty entering/exiting vehicle?	☐	☐	
Transportation limits medical care or social life?	☐	☐	
Backup transportation plan available?	☐	☐	

Transportation priorities / recommended follow-up

_____

_____

_____

_____

_____

13. Finances, Mail & Legal Planning — High-Level Review

Scope reminder

This section identifies practical support needs only. FamilyBridge does not provide legal advice, investment advice, fiduciary services, bill payment, or capacity determinations.

Question	Yes	No	Unknown / notes
Bills and mail are managed reliably?	☐	☐	
Unpaid bills, shutoff notices, or unusual purchases?	☐	☐	

Question	Yes	No	Unknown / notes
Concern about scams, exploitation, or undue influence?	☐	☐	
Trusted person assists with finances, if needed?	☐	☐	
Financial power of attorney reported available?	☐	☐	
Will / estate plan reported available?	☐	☐	
Long-term care coverage or benefits explored?	☐	☐	

Professional referral needed ☐ **Elder-law attorney** ☐ **Financial professional** ☐ **Benefits specialist** ☐ **Other** _____

14. Current Services & Support Network

Person / organization	Role / service	Frequency	Contact information	Authorized to receive information?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Gaps, duplication, reliability concerns, or caregiver strain

_____

_____

_____

_____

_____

_____

15. Family & Caregiver Capacity

Primary family contact / caregiver

_____

Relationship / distance from older adult

_____

Usual responsibilities and frequency of help _____

_____

_____

_____

_____

Caregiver consideration	No concern	Some concern	High concern	Notes
Physical demands	☐	☐	☐	
Emotional stress / burnout	☐	☐	☐	
Time / work / family conflicts	☐	☐	☐	
Financial strain	☐	☐	☐	
Family disagreement	☐	☐	☐	
Knowledge / confidence	☐	☐	☐	
Backup help available	☐	☐	☐	

What support would help the family or caregiver most?

_____

_____

_____

_____

_____

_____

16. Technology & Communication

☐ Smartphone	☐ Basic mobile phone
☐ Landline	☐ Tablet
☐ Computer	☐ Internet / Wi-Fi
☐ Video calls	☐ Patient portal
☐ Emergency alert device	☐ Smart-home device
☐ No reliable technology	☐ Needs training or setup

Preferred method and frequency of contact with older adult

_____

Preferred family-update method and frequency

_____

Accessibility needs: hearing, vision, language, dexterity, cognition

_____

_____

_____

_____

17. Strengths & Protective Factors

☐ Strong desire to remain engaged	☐ Supportive family/friends
☐ Reliable neighbors	☐ Stable housing

☐ Adequate finances/resources	☐ Established medical care
☐ Accepts appropriate assistance	☐ Safe routines
☐ Faith/community connection	☐ Good insight into needs
☐ Reliable transportation	☐ Other: _____

Strengths to preserve and build upon _____

_____

_____

_____

_____

_____

18. Risk Summary

Use judgment based on the whole picture. This is an advisory prioritization—not a validated clinical risk score.

Domain	Low	Moderate	High / urgent	Evidence / rationale
Immediate personal safety	☐	☐	☐	
Falls / mobility	☐	☐	☐	
Home environment	☐	☐	☐	
Medication organization	☐	☐	☐	
Nutrition / hydration	☐	☐	☐	
Thinking / judgment	☐	☐	☐	
Mood / isolation	☐	☐	☐	
Financial exploitation	☐	☐	☐	
Caregiver sustainability	☐	☐	☐	
Service reliability	☐	☐	☐	

☐ No immediate danger identified	☐ Same-day family/provider contact indicated
☐ Clinical evaluation recommended	☐ Emergency services / protective report indicated
☐ Follow-up assessment needed	☐ Older adult declined a recommended action

Overall rationale and immediate actions taken _____

_____

_____

_____

_____

_____

_____

19. Recommendations & Initial Action Plan

Priority	Recommendation / next step	Owner	Target date	Status / follow-up
1 — Immediate				
2 — Within 7 days				
3 — Within 30 days				
4 — Monitor / future				
5 — Quality of life goal				

Recommended Referrals

☐ Primary care / specialist	☐ Pharmacist medication review
☐ Physical therapy	☐ Occupational therapy / home-safety evaluation
☐ Home health	☐ Hospice / palliative consultation
☐ Private-duty home care	☐ Emergency alert system
☐ Nutrition support	☐ Transportation resource
☐ Elder-law attorney	☐ Financial / benefits professional
☐ Counseling / mental health	☐ Faith-community support
☐ Home modification / repair	☐ Other: _____

FamilyBridge services proposed _____

_____

_____

_____

_____

_____

Proposed contact / visit frequency

_____

Family-update schedule _____

30-day review date _____

20. Older Adult's Voice & Agreement

What recommendations does the older adult agree with?

_____

_____

_____

_____

_____

What recommendations does the older adult decline or want to reconsider?

_____

_____

_____

_____

_____

_____

Concerns about autonomy, privacy, family involvement, or access to the home

_____

_____

_____

_____

_____

_____

☐ Preferences documented	☐ Risks and alternatives discussed in plain language
☐ Information-sharing limits confirmed	☐ Questions answered
☐ Follow-up requested	☐ No FamilyBridge services requested at this time

21. Assessment Completion

Completed by	Signature	Date / time
FamilyBridge assessor		
Older adult (acknowledgment, if appropriate)		
Authorized representative / family contact		

Acknowledgment: Signing acknowledges participation and receipt/discussion of recommendations. It does not certify that the home is free of hazards, waive legal rights, or constitute consent to services unless a separate service agreement is signed.

Assessor Follow-Up Checklist

☐ Assessment documented same day	☐ Urgent concerns escalated
☐ Required incident report completed	☐ Release/authorization obtained
☐ Recommendations sent securely	☐ Referral contacts provided
☐ Service agreement discussed	☐ Follow-up entered on calendar
☐ Client record stored securely	☐ Supervisor/legal consultation obtained if needed