TEMPLATE N

Visit Checklist

Check	OK	Note
Entry: steps clear, rail not loose, lights work		
Floors: no new rugs, cords, piles		
Kitchen: no scorched pots; fridge food fresh; nothing that burns near the stove		
Pill pack or organizer matches the date		
Bathroom: mat flat, bars not loose, night light works		
Bedroom: lamp, phone, flashlight in reach		
Alarms: none chirping, missing, or disconnected		
Medical alert button charged, worn, tested on the company's schedule		
Phone charged; no odd calls, texts, apps		
Mail: no piles of bills or sweepstakes		
Parent: bruises, limping, confusion, weight, hygiene		
File of Life current		

Date: _____ Visitor: _____ Items added to follow-up list: _____