



MDP Home Visit Risk Screening Tool

This risk screening tool is to ensure that MDP staff members are safe to enter a new client's premises.

Please complete this with your client and send to admin@mobiledisabilityphysio.com.au along with the physiotherapy referral form.

Participant Name:	NDIS Number:
NOK Name and Contact Details:	Support Co-ordinator Name and Contact Details:

Participant residential address: _____

Is this your usual address? Yes No If no, what is your usual address? _____

Accommodation Type:

- House Flat/Unit Apartment SDA SRS
- Residential Age Care Facility (Ward/Room Number: _____)
- Other: _____



Access to Property:

Question	Yes	No	Actions/Comments
Is your house/house number easily visible from the street?			<i>Directions/Landmarks?</i>
Will I be able to park in the driveway/close to your house on the street?			<i>If no, please specify....</i>
Are there any gates/access codes I need to get in?			<i>If no, please specify....</i>
Will I be using the front door?			<i>If no, please specify....</i>
Will someone be able to open the door?			<i>If no, how will I enter?</i>
Is there mobile phone coverage at your house?			
If you do not appear to be at home when I arrive, what would you like me to do?			<i>e.g. call you, call NOK, call 000 ect.</i>

Occupants/Safety Screen:

Question	Yes	No	Actions/Comments
Who do you normally live with at this address?	n/a	n/a	<i>e.g. alone, partner, parents, carer etc.</i>
Will anyone else be home when I visit?			<i>If yes, who?</i>
Would anyone at home be upset by us visiting?			<i>If yes, reschedule, meet elsewhere, bring a second person?</i>



Does anyone smoke at home?			<i>If yes, as a condition of the visit please ask them to refrain from smoking inside the house during the home visit.</i>
Does anyone at home take drugs or drink a lot of alcohol			<i>If yes, will the resulting behaviour place the worker at risk?</i>
Do you have any weapons at home?			<i>If yes, are they securely locked away?</i>
Do you have any animals at home?			<i>If yes, are they able to be restrained or placed in another room for the duration of the home visit?</i>
Does anyone in the house currently have a contagious illness incl. COVID-19 and gastro			<i>If yes, please describe. Will most likely need to reschedule.</i>

Client Related Considerations:

Question	Yes	No	Actions/Comments
Have there been any previously identified alerts/risks?			<i>If yes, describe:</i>
Are there any particular behaviours of concern?			<i>If yes, describe:</i>

Do you have any other comments/notes?

Name: _____

Signature: _____

Date: _____