

Environmental Assessment

Patient's Name: _____ **Completed By:** _____ **Date:** _____
Address: _____ **Zip Code:** _____
Phone: Cell () _____ Home () _____ Pay Phone () _____
Does the client require phone call before the visit? Yes No **Comments:** _____
Is there a pay phone nearby? yes no **Where?** _____
Instructions to get to the actual address _____

1. Type of residence & ownership

- House Rent
- Apartment Own
- Housing Project Family/Friends
- Shelter Section 8
- Treatment Facility
- Other (specify) _____

2. Building access

- Buzzer Security
- Stairs Elevator
- Other (explain) _____

3. Utility Services Available:

- A. A/C System yes no
- B. Refrigerator yes no
- C. Fan yes no
- D. Windows yes no
- E. Stove yes no
- F. Heat yes no
- G. Gas yes no
- H. Bathroom yes no
- I. Electricity yes no
- J. Water yes no

4. Potable Water Source

- Tapwater
- Bottle
- Boiled

5. Pets

yes no

Date obtained _____
 Type _____ Age _____
 Immunizationions yes no
 Describe individually if more than one pet: _____

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6. Medication Storage

- Location Appropriate yes no Needs Improvement
- Refrigerated yes no Not needed
- Protected from reach of children yes no
- Lighting Good Fair Needs Improvement
- Private space for client yes no

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7. Housing

External Condition (roof, stairs, windows,etc...)

Describe _____

Internal Condition (#rooms, furnished, cleanliness, infestation, visible mold,etc...)

Describe _____

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8. Contact with children < 1 Year old

- Daily None Sometimes

Comments: _____

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9. Client status disclosure

- To Primary Partner yes no
- Additional Partner yes no

Family Members

Name	Age	Relationship	HIV Status	Aware of client's status