**OXYGEN RISK ASSESSMENT FORM**

|  |  |
| --- | --- |
| PATIENT NAME | DATE |
|  |  |
| PATIENT DETAILS | |
|  | |

**NOTE**: Risk should be assessed on a continuous basis, and every home oxygen prescription must be reviewed and followed up on regularly with respiratory specialists. Please attach supporting documentation, if available.

RISK ASSESSMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **CATEGORY / RISK** | | **NOTES** |
|  |  | **PHYSICAL RISKS** | |  |
|  |  | Mobility and/or balance challenges | |  |
|  |  | Vision impairment | |  |
|  |  | Cognitive impairment | |  |
|  |  | Living conditions (e.g. clutter, stair lift) | |  |
|  |  | Other: |  |  |
|  |  | Other: |  |  |
|  |  | **LIFESTYLE RISKS** | |  |
|  |  | Current smoker – If yes, list types of products patient smokes, and if visible evidence exists (burns on skin, furniture, etc.) | |  |
|  |  | In process of quitting smoking ­­– If yes, what is the patient’s progress? Is the patient using a tool or program? How was this confirmed? (e.g. CO monitor levels) | |  |
|  |  | Ex-Smoker – If yes, for how long? How was this confirmed? (e.g. home visit, CO monitor levels) | |  |
|  |  | Other smoker(s) on premises | |  |
|  |  | Addiction (e.g. alcohol, drugs) | |  |
|  |  | Other: |  |  |
|  |  | Other: |  |  |

RISK ASSESSMENT *continued*

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| --- | --- | --- | --- | --- |
| **Yes** | **No** | **CATEGORY / RISK** | | **NOTES** |
|  |  | **ENVIRONMENTAL RISKS** | |  |
|  |  | Lives in building with multiple occupancy | |  |
|  |  | Lives unaccompanied | |  |
|  |  | Lives with vulnerable dependents (e.g. elderly, children) | |  |
|  |  | Cooks with gas stove | |  |
|  |  | Wheelchair dependent | |  |
|  |  | Bedbound | |  |
|  |  | Working smoke alarms | |  |
|  |  | Oxygen equipment storage concerns | |  |
|  |  | Other: |  |  |
|  |  | Other: |  |  |

ADDITIONAL INFORMATION

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|  |

DECISION

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| --- | --- | --- | --- | --- |
| NAME AND ROLE OF RISK ASSESSOR | |  | NAME AND ROLE OF APPROVING OFFICIAL | |
|  | |  |  | |
| LOCATION | |  | LOCATION | |
|  | |  |  | |
| SIGNATURE | DATE |  | SIGNATURE | DATE |
|  |  |  |  |  |