

Home Visit Template

- 1) We would like to chat with you about how things have been going with you to better understand your needs. What do you feel would be most helpful to discuss today?

- 2) What is your biggest concern right now? What is the background of that concern?

DAILY LIVING

- 3) Tell me a little about what your typical day looks like (Prompt: Where patient goes to get groceries, medications, recreational activities, visit friends)

- 4) What do you take pride in and value in your life? (Prompt: Work experiences, life experiences)

- 5) What worries you the most? (Prompt: other worries, fears, anxiety. Why do these things worry them?)

- 6) What life situations would need to change for you to more easily manage? (Prompt: Employment status, financial status, Housing/Living arrangements, social supports or family situation, emotional distress, Health concerns)



HEALTH CARE

7) As you understand them, what are your current medical conditions? (Prompt: Is there anything else they are struggling with that is not medical?)

8) What is working well for you in managing your health concerns? What would help you to cope or manage better?

COMMUNITY SUPPORTS

9) Who are your “go to” people when you need help? (Prompt: Who do they go to for medical issues? Who do they go to for community services? Who do they go to for advice?)

10) What makes these people so approachable?

11) If you are feeling unwell, anxious, or scared, who do you contact? What do you do? (Prompt: When was the last time you felt unwell? Anxious? Scared? What did you do then?)



SOCIAL SUPPORTS

12) Who helps you the most or knows you the best in your life?

SUMMARY

13) What is the most pressing need that you experience right now that you want help with?

