**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*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |

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