

OXYGEN RISK ASSESSMENT FORM

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PATIENT NAME

DATE

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PATIENT DETAILS

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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

DECISION

NAME AND ROLE OF RISK ASSESSOR

LOCATION

SIGNATURE

DATE

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NAME AND ROLE OF APPROVING OFFICIAL

LOCATION

SIGNATURE

DATE

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