

PATIENT ID: _ _ _ _ _

Preparation checklist for HOMEVISITS

	PLEASE TICK
Initial assessment and 6MWT completed	
Home visit-site safety checklist completed	
Appointment confirmed with participant	
Confirm address and phone number for visit with patient	
Confirm telerehabilitation equipment delivered to patient	
Patient has looked up their WiFi password (as relevant)	
Software and application updates completed for technology equipment	
Video-conferencing log-on links checked for functionality	
All equipment charged and batteries working	
Home exercise diary and Borg scales	
Patient written instructions for equipment operation and accessing video-conferencing platform/technology operation	
Patient history details collected – including height and weight	
Target cycle training intensity calculated	
Target walking training prescription calculated	
Kit box complete (including relevant cables, see additional list)	
PPE stock complete (as required)	
COVID-19 pre-visit screening procedures completed as required	Date: __/__/__ Initial:
Home-visit paperwork	
Site contact aware of home visit destination – check in on arrival	
Check in with site contact on departure	
Complete relevant documentation	

COMPLETED BY: _____

DATE: _____