1st Nurse Registry

**CUSTOMER VISITATION CHECKLIST**

**Date of visit**

**Customer Name**

**Name(s) of Caregiver(s)**

## **CUSTOMER**

This section is designed to determine the customer’s general health, well being and satisfaction level with our services. If the customer brings up any concerns, or any concerns are noted, they must be addressed immediately.

|  |  |
| --- | --- |
|  | Comments |
| Are you satisfied with our service? |  Yes |  No |  |
| Are you satisfied with the frequency of our service? |  Yes |  No |  |
| Have your caregiver(s) been on time? |  Yes |  No |  |
| Have your caregiver(s) been courteous & pleasant? |  Yes |  No |  |
| Is there anything else we can do for you? (Basic needs being met?) |  Yes |  No |  |
| Do you have any complaints about our service? |  Yes |  No |  |

## **Housekeeping (If Applicable)**

This section is designed to determine the state of the customer’s environment (that it is clean & safe), and to ensure that housekeeping services being provided are satisfactory. Anything deemed unacceptable must be addressed immediately, either with the caregiver(s) or with the customer or the customer’s loved one.

 Unacceptable Acceptable Average Above Average

Kitchen   

Bathroom     

Bedroom    

Living Room    

Safety Concerns    

Notes

**Caregiver(s)**

This section is designed to ensure that the relationship between the customer and his/her caregiver(s) is satisfactory, and whether the caregiver has any concerns about the customer that should be addressed.

|  |  |
| --- | --- |
|  | Comments |
| Is the relationship with the customer a good one? |  Yes |  No |  |
| Any decline in the customer’s health/condition? |  Yes |  No |  |
| Any concern regarding the customer’s well being? |  Yes |  No |  |
| Has the customer asked any questions regarding our services? |  Yes |  No |  |

Signature of Assessor