



**Public Health**  
Prevent. Promote. Protect.

Waseca County

# Healthy Homes Assessment

Participant name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Preferred Language \_\_\_\_\_ Interpreter Needed  Yes  No

## Referral From

Name \_\_\_\_\_ Agency \_\_\_\_\_

Relationship to referral \_\_\_\_\_

Who is completing this form (Self, Provider working with family, Other) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for Referral \_\_\_\_\_

## Risk Factors

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asbestos                        | <input type="checkbox"/> Food safety                    | <input type="checkbox"/> Radon                      |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Injury prevention              | <input type="checkbox"/> Secondhand smoke           |
| <input type="checkbox"/> Carbon Monoxide                 | <input type="checkbox"/> Lead                           | <input type="checkbox"/> Ventilation and filtration |
| <input type="checkbox"/> Children's environmental health | <input type="checkbox"/> Mold and moisture              | <input type="checkbox"/> Chemicals                  |
| <input type="checkbox"/> Drinking water quality          | <input type="checkbox"/> Pest management and pesticides | <input type="checkbox"/> Other _____                |

## Comments

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Referral Date \_\_\_\_\_