



Intake

Personal Information

Name: _____

Address: _____

Directions to home: _____

Phone#: _____

Family & Significant Contacts:

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

Spiritual Affiliation/Requests: _____

Financial Representative: _____

Referred by: _____

Pets: _____

Smoking: _____

Travel: _____

Medical Information

Date of Birth: _____ Code Status: _____ 5 Wishes: _____

Allergies: _____

Have you ever had or been diagnosed with:

Alzheimers _____ Arthritis _____ Breathing _____

Blood Pressure _____ Cancer _____ Cardiac _____

Chronic Pain _____ Dementia _____ Diabetes _____

Fall Risk _____ Hearing _____ Hepatitis _____

HIV _____ Incontinence _____ Memory _____

MRSA _____ Paralysis _____ Seizures _____

Stroke _____ Skin _____ TB _____

Tremors _____ Vision _____

Speaking/Language _____ Hours of Sleep _____

Recent Surgery _____

Wounds _____

Assistance:

| | |
|--------------------|---------------------------|
| Bathroom Grab Bars | Baby Monitor |
| Bedside Commode | Bell |
| Cane | Emergency Response System |
| Hearing Aid | Hoyer Lift |
| Hospital Bed | Inflatable Mattress Top |
| Oxygen | Raised Toilet Seat |
| Ramp | Shower Seat |
| Walker | Wheelchair |

Services Provided:

| | | |
|----------------------|----------------|--------------|
| Shower | Bed Bath | Peri Care |
| Toileting Assistance | Catheter Care | |
| Wound Care | Dressing Care | |
| Prepare Meals | Shopping | Dishes |
| Laundry | Make Bed | Linen Change |
| Kitchen Clean | Bathroom Clean | Vacuum |
| Dusting | Garbage Out | Day |
| Transportation | | |

Meals and Preferences:

Food Preferences _____

Food dislikes _____

Favorite Meals _____

Favorite Resturants _____

Interest & Hobbies...

A Perfect Day looks like...
