



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...
