Living While Aging LLC Client Intake Form

Personal Information

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Date of Birth |
| Address | City |
| State | Zip Code | Telephone  |
| Marital Status Married Single Divorced Separated Widowed  | Legal Status Responsible for self APOA Guardian  |
| Code Status DNR Full Code | APOA Name | APOA Phone number |
| Primary Emergency Contact Relationship: | Address/Telephone |

Medical Contact Information

|  |  |
| --- | --- |
| Primary Care Physician | Telephone:Fax: |
| Hospital Preference | Telephone |
| Other Physician | TelephoneFax |

Medical Background

|  |  |
| --- | --- |
| Diagnosis | Diagnosis |
| Diagnosis | Diagnosis |
| Diagnosis | Diagnosis |
| Diagnosis | Diagnosis |

Medications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Route | Dose | Frequency |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Allergies |  |

Desired Services

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bathing |  | Assistance to special events |
|  | Hair Care |  | Companion Care |
|  | Oral Care |  | Memory Care |
|  | Incontinence Care |  | Medication Management |
|  | Mobility (HEP, walker, WC) |  | Housekeeping |
|  | Toileting |  | Meal Preparation |
|  | Fingernail Care |  | Grocery Shopping |
|  | Toenail care |  | Pharmacy Pick-up |
|  | Outdoor Services  |  | Pet Care |
|  | Other: |  | Other: |
|  | Other: |  | Other: |

Times and Frequency

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 12:00 AM |  |  |  |  |  |  |  |
| 1:00 AM |  |  |  |  |  |  |  |
| 2:00 AM |  |  |  |  |  |  |  |
| 3:00 AM |  |  |  |  |  |  |  |
| 4:00 AM |  |  |  |  |  |  |  |
| 5:00 AM |  |  |  |  |  |  |  |
| 6:00 AM |  |  |  |  |  |  |  |
| 7:00 AM |  |  |  |  |  |  |  |
| 8:00 AM |  |  |  |  |  |  |  |
| 9:00 AM |  |  |  |  |  |  |  |
| 10:00 AM |  |  |  |  |  |  |  |
| 11:00 AM |  |  |  |  |  |  |  |
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| 10:00 PM |  |  |  |  |  |  |  |
| 11:00 PM |  |  |  |  |  |  |  |

Pet Information

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| --- | --- | --- |
| Type | Name | Needs/Comments |
| Type | Name | Needs/Comments |

What goals do you want to accomplish?

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What makes your life meaningful?

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What are your hobbies and interests?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran?

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Thank you for completing this intake form. The next step is to schedule an in-home evaluation. At the time of the evaluation, we will discuss what is needed to ensure the safety of the client and the caregiver. We look forward to helping you live with integrity and meaning!