

CLIENT INTAKE OUTLINE

1. PERSONAL INFORMATION:

- WHAT IS YOUR FULL NAME AND DATE OF BIRTH?
- WHAT IS YOUR CURRENT ADDRESS?
- CONTACT INFORMATION (PHONE NUMBER, EMERGENCY CONTACTS)?

2. MEDICAL HISTORY:

- DO YOU HAVE ANY MEDICAL CONDITIONS OR DIAGNOSES?
- ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF SO, PLEASE LIST THEM.
- HAVE YOU HAD ANY RECENT SURGERIES OR HOSPITALIZATIONS?
- DO YOU HAVE ANY ALLERGIES?

3. MOBILITY AND ACTIVITIES OF DAILY LIVING (ADLS):

- CAN YOU WALK INDEPENDENTLY, OR DO YOU USE MOBILITY AIDS LIKE A WALKER OR WHEELCHAIR?
- DO YOU NEED ASSISTANCE WITH BATHING, DRESSING, GROOMING, OR TOILETING?
- CAN YOU PREPARE MEALS FOR YOURSELF, OR DO YOU REQUIRE ASSISTANCE WITH COOKING AND EATING?

4. HOME ENVIRONMENT:

- DESCRIBE YOUR LIVING SITUATION (E.G., ALONE, WITH FAMILY, IN A NURSING HOME).
- ARE THERE ANY SPECIFIC SAFETY CONCERNS OR MODIFICATIONS NEEDED IN YOUR HOME?

5. CARE PREFERENCES:

- WHAT TYPE OF CARE SERVICES ARE YOU SEEKING (E.G., PERSONAL CARE, COMPANIONSHIP, MEDICAL CARE)?
- DO YOU HAVE ANY SPECIFIC CULTURAL OR DIETARY PREFERENCES?

6. CAREGIVER PREFERENCES:

- DO YOU HAVE ANY PREFERENCES REGARDING THE GENDER OR QUALIFICATIONS OF YOUR CAREGIVER?
- ARE THERE ANY PERSONALITY TRAITS OR QUALITIES YOU VALUE IN A CAREGIVER?

7. SCHEDULE AND ROUTINE:

- WHAT DAYS AND HOURS DO YOU NEED CARE ASSISTANCE?
- DO YOU HAVE ANY PREFERRED ROUTINES OR SCHEDULES FOR MEALS, MEDICATIONS, AND ACTIVITIES?

8. FINANCIAL AND INSURANCE INFORMATION:

- DO YOU HAVE INSURANCE COVERAGE FOR HOMECARE SERVICES?
- ARE THERE ANY FINANCIAL ARRANGEMENTS OR PAYMENT OPTIONS YOU'D LIKE TO DISCUSS?

9. EMERGENCY PREPAREDNESS:

- DO YOU HAVE A PLAN IN PLACE FOR MEDICAL EMERGENCIES OR UNEXPECTED SITUATIONS?
- ARE THERE ANY SPECIFIC MEDICAL DIRECTIVES OR ADVANCE CARE PLANS YOU'D LIKE TO SHARE?

10. GOALS AND EXPECTATIONS:

- WHAT ARE YOUR PRIMARY GOALS AND EXPECTATIONS FOR HOMECARE SERVICES?
- IS THERE ANYTHING ELSE YOU'D LIKE TO DISCUSS OR SHARE ABOUT YOUR NEEDS OR PREFERENCES?

