

Information Intake / Job Role and Duties

Client Name _____ Ph # _____

Address _____

Client DOB _____ Age _____ Nickname / Preferred Name _____

Family / Contact: _____ Relationship to Client _____

Phone number _____

Responsible Party / DPA _____ PH # _____

Doctor _____ PH # _____

Advanced Directive / POLST / Living Will (circle) - location of information? _____

Whose car will be used for transportation? _____

Type of Care Requested -

RISK Factors - And assistive devices used (Cane, Walker, Wheelchair)

WAGE (agree upon) _____ How often paid? _____ Start of Care Date _____

Days per week _____ Hours per day _____

Signature (Responsible Party) _____ Date _____

Signature (Caregiver) _____ Date _____

(Care provider will make a copy for Client) For additional information use the back of this page.