Independent Living Services - Senior Intake Form

Date of Referral		Client's or Family's Phone #		Client's or Family's Email	
Client's Basic Information					
Name of Client		Client's DOB		Gender	
Client's Phone # (If different from above)		Cell Phone #		Language	
Has Children (If yes, how many		Marital Status		Ethnicity	

Current Living Arrangement (Check the appropriate box)					
	Living at his/her Family's Home		Living Independently		Homeless
	Being Discharged from Hospital		Living in Assisted Living		Other

Client's address			
Street Address		Apt., Suite	
City		State	
Postal/Zip Code		County	

Status of Home Care Services (Check the appropriate box)					
	First Time Using a Home Care Svc.		Currently Receiving Home Care		Received Home Care in the past
Reason for Referral: Services Needed (Check the services that may be needed)					
	Cleaning		Self-advocacy Training		Cooking
	Shopping in Natural Environment		Meal Planning/Preparation		Companionship
	Health/Medication Monitoring		Medical and Dental Services		Personal Health and Hygiene
	Recreation in the Community		Money Management		Community Resource Awareness
	Home and Community Safety		Using Public Transportation		Other specify
General Background Information **A. RC Diagnosis (Check the appropriate box)**					
	Alzheimer or Dementia		Osteoporosis and/or Arthritis		High Blood Pressure
	Cardiovascular Disease		Vision and/or Hearing Loss		Diabetes
	Physical Disability		Other		Other
B. Mobility (Check the appropriate box)					
	Ambulatory (walks well)		Walks Unstable/or Balance Concerns		Walks with a Gait
	Non-Ambulatory		Uses a Wheelchair		Uses a Cane/a Walker

C. Describe Any Current Health/Medical Issues; *Note N/A if there are currently no health/medical issues
D. Describe Any Current Psychiatric Treatment; *Note N/A if there are currently no psychiatric issues
E. Describe Any Current Behavioral Issues/Concerns; *Note N/A if there are currently no behavioral issues
F. Describe Any Current Functioning/Cognitive Abilities; *Note N/A if level of functioning is unknown
Additional Comments Regarding Reason For Referral

Attach or Email the Following Documents					
	Most Recent Medical Information		Most Recent Hospital Discharged Info.		Relevant Guardianship/APS Papers