

***Client Intake Form - Non-Medical Home Care***

**Client Information**

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsible Party (if applicable)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized to make decisions?  Yes  No

Living Situation

Type of Residence: \_\_\_\_\_

Lives Alone?  Yes  No

Pets in the Home?  Yes  No

Pet / Safety Notes: \_\_\_\_\_

Services Requested

(Check all that apply)

Companionship

Light Housekeeping

Meal Preparation

Medication Reminders (non-medical)

Transportation / Errands

Personal Care Assistance (non-medical)

Respite Care

Other: \_\_\_\_\_

Functional & Safety Information

Ambulation: \_\_\_\_\_

History of Falls?  Yes  No

Vision / Hearing Impairments: \_\_\_\_\_

Cognitive Concerns: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Health & Wellness (Non-Medical)

Diagnoses (for awareness only): \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Recent Hospitalizations?  Yes  No

#### Schedule Preferences

Preferred Days: \_\_\_\_\_

Preferred Times: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Frequency of Services: \_\_\_\_\_

#### Authorization & Consent

I authorize non-medical home care services to be provided as requested.

Client / Responsible Party Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Service Disclaimer**

*Rustica's Home Care provides non-medical home care services only. Our caregivers are not licensed medical professionals and do not provide medical treatment, diagnosis, or skilled nursing services.*

*Information provided on this form is used solely to help determine appropriate non-medical services and care coordination. Clients are encouraged to continue working with their healthcare providers for all medical needs.*

*By signing this form, the client or responsible party acknowledges and agrees to these terms.*

*I acknowledge that Rustica's Home Care provides non-medical services only and does not replace medical care.*