Home Care Questionnaire

CLIENT INFORMATION

Full Name		Age	Contact Phone
Address			Gender ○ Male ○ Female

Caregiver's Name?	Client's Name?
What name do they response to best?	
Were they in the Military?	What Branch?
Days of week and hours that are preferred?	
What language do they speak?	
What are their wake-up and bedtime routines?	

CARE NEEDS

Is Client ambulatory?	○ Yes ○ No
Can they be transferred with the assistance of one person?	○ Yes ○ No
Do they need bathroom assistance?	○ Yes ○ No
Do they need assistance feeding themselves?	○ Yes ○ No
Will someone be home when Home Care arrives and leaves?	○ Yes ○ No
Are there pets in the home?	○ Yes ○ No
What are their names?	
Is there a smoker in the house?	○ Yes ○ No
Are there firearms in the house?	○ Yes ○ No

ADDITIONAL INFORMATION

What was their profession?	
What activities do they enjoy?	
Requested Caregiving Services?	

Note: Most paid caregivers can prompt/remind, but not administer medications.

For the best outcome, both parties need to work together. Communication will be key.