Non-Medical Home Care Assessment Form

CLIENT INFORMATION AND CONTACT DETAILS
Client's Full Name:
Date of Birth:
Address:
Phone Number:
Email Address:
Primary Contact Person:
Relationship to Client:
Referral Source:
HEALTH ASSESSMENT
Chronic Conditions:
Medications:
Allergies:
Recent Surgeries:
Other Medical Concerns:

Activity Yes No Notes Bathing Dressing Toileting Mobility Eating Instrumental Activities of Daily Livivor (IADLs) Assessment Activity Yes Meal Preparation Housekeeping Managing Finances Safety Assessment Fall Risks Fire Hazards <td rows="" th="" <=""><th colspan="5">Activities of Daily Living (ADLs) Assessment</th></td>	<th colspan="5">Activities of Daily Living (ADLs) Assessment</th>	Activities of Daily Living (ADLs) Assessment				
Dressing Instituting Mobility Instrumental Activities of Dally Liviture (IADLs) Assessment Activity Yes No Notes Meal Preparation Instrumental Activities of Dally Liviture (IADLs) Assessment Meal Preparation Image: Imag	Activity	Yes	No	Notes		
Toileting Mobility Eating Instrumental Activities of Daily Living (IADLs) Assessment Activity Yes No Notes Meal Preparation Housekeeping Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Bathing					
Mobility Eating Instrumental Activities of Dally Living (IADLs) Assessment Activity Yes No Notes Meal Preparation Image: Preparation of the preparation of th	Dressing					
Instrumental Activities of Dally Living (IADLs) Assessment Activity Yes No Notes Meal Preparation Housekeeping Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Toileting					
Instrumental Activities of Daily Living (IADLs) Assessment Activity Yes No Notes Meal Preparation Housekeeping Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Mobility					
Activity Yes No Notes Meal Preparation	Eating					
Meal Preparation Housekeeping Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Instrumental Activities of D	aily Livir	ng (IADLs	s) Assessment		
Housekeeping Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Activity	Yes	No	Notes		
Managing Finances Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Meal Preparation					
Transportation Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Housekeeping					
Safety Assessment Activity Yes No Notes Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Managing Finances					
Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Transportation					
Fall Risks Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Safety Assessment					
Fire Hazards Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Activity	Yes	No	Notes		
Accessibility Issues Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Fall Risks					
Need for Adaptive Equipment or Modifications SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Fire Hazards					
SOCIAL AND EMOTIONAL ASSESSMENT Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Accessibility Issues					
Social Support Network: Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:						
Emotional Well-being: Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	SOCIAL AND EMOTIONAL ASSESSMENT					
Signs of Depression or Anxiety: Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Social Support Network:					
Caregiver Support Needs: PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Emotional Well-being:					
PERSONALIZATION AND PREFERENCES Client Preferences: Goals for Care:	Signs of Depression or Anxiety:					
Client Preferences: Goals for Care:	Caregiver Support Needs:					
Goals for Care:	PERSONALIZATION AND PREFERENCES					
	Client Preferences:					
Special Requests or Considerations:	Goals for Care:					

FUNCTIONAL ASSESSMENT

CONSENT FOR SERVICES AND AUTHORIZATION FOR INFORMATION SHARING STATEMENT
, hereby authorize and consent to receive non-medical home care services provided by for myself/my family member [if applicable].
Consent for Services
I understand that the non-medical home care services may include but are not limited to assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), companionship, meal preparation, housekeeping, transportation, and other supportive services deemed necessary by and agreed upon by me/my family member [if applicable]. I acknowledge that the purpose of these services is to support and enhance my/my family member's independence and well-being while residing at home.
Authorization for Information Sharing
and health information as necessary for the provision of non-medical home care services. This may include sharing information with healthcare providers, family members, and other authorized individuals involved in my/my family member's care, as well as coordination with insurance providers or other relevant entities. I understand that this information will be handled in accordance with applicable privacy laws and regulations.
also authorize to communicate with my/my family member's primary care physician, specialists, and other healthcare professionals as needed to ensure continuity of care and to address any health-related concerns or emergencies that may arise during the course of receiving services.
Revocation of Consent
understand that I have the right to revoke this consent at any time by providing written notice to I acknowledge that revoking consent may impact the ability to receive non-medical home care services.
Client's Full Name:
Client's Signature:
Date: