

**CONTACT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ Lock box #: \_\_\_\_\_ Apt. Intercom: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence type: \_\_\_\_\_ Client Lives:  Alone  With Family  Alone, family in town  Other: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (yy/mm/dd) Languages:  English  Punjabi  Cantonese  Other: \_\_\_\_\_

**Emergency Contacts:**

1) \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Health #: \_\_\_\_\_

Power of attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Bill to (if different from above): \_\_\_\_\_

Referred By:  Hospital  LTC  End of life  Rehab  Acute  QRP  
 DVA: personal care  DVA: cleaning  ICBC  MCF&D  Private/Other:

Referral Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Office code: \_\_\_\_\_ Order #: \_\_\_\_\_

LTC Client #: \_\_\_\_\_ Client Fee: \_\_\_\_\_

Medical History & Diagnosis:

Cognitive Function: \_\_\_\_\_  DNR Location: \_\_\_\_\_

Authorized Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_ Re-assess / Expiry Date: \_\_\_\_\_  Essential Services  Stat Services

WORKPLACE RISKS IN HOME	History	Current Status
Violent/Aggressive Behaviour or Resistive to Care		
Unauthorized visitors		
Communicable Diseases		
Sharps		
Cytotoxic Drugs: Chemo/radiation		
Controlled Substance Usage: Drugs Alcohol		
Smoking		
Household Pets		
Weapons		
Other		

**CLIENT SERVICE INFORMATION**Hearing: \_\_\_\_\_ Aids:  L  R Vision : \_\_\_\_\_ Glasses:  Yes  NoContinent: Bowel  Yes  No Bladder  Yes  No Contenance Pad  Yes  No

**Mobility**  Independent  Supervised (Stand By)  Verbal Cueing  Minimal Assist (1 Person Transfer)  
 Moderate Assist (1-2 Persons &/or Device)  Dependent (No Manual Transfer)

**Equipment**  Wheelchair  Scooter  Canes  Hand held shower  
 Other (list): \_\_\_\_\_  Walker  Grab bars  Bath bench/stool

**Personal Assistance**  Bath  Shave  Transferring  Dressing  Respite  
 Bed bath  Shampoo  Repositioning  Perineal Care  Ready for bed  
 Sponge bath  Skincare  Walking  Toileting  
 Cueing/Coaching: \_\_\_\_\_  Other: \_\_\_\_\_

**Delegation of Tasks:**

**General Cleaning**  Kitchen  Laundry  Bed Change  Vacuum  
 Bathroom  Shopping  Wash Floor  Dusting  
 Other: \_\_\_\_\_

**Periodic Cleaning**  Oven  Fridge  Inside Windows

**Meal Preparation:** \_\_\_\_\_**Diet Instructions (Including Allergies):** \_\_\_\_\_ Allergies: \_\_\_\_\_

**Community Support**  Adult Day Care  Home Care Nurse  Mental Health Worker  Other:  
 Handidart  Lifeline  Rehabilitation Therapist  
 Nutritionist  Hospice  Meals on Wheels

**Does the Community Health Worker provide childcare?**  Yes  No

Children's names:

1) \_\_\_\_\_ DOB \_\_\_\_\_ Allergies \_\_\_\_\_

2) \_\_\_\_\_ DOB \_\_\_\_\_ Allergies \_\_\_\_\_

Unauthorized visitors: \_\_\_\_\_

**Other information:** \_\_\_\_\_**Comments:**Copies to:  Area Scheduler  RN/CC/LPN  Accounting  Other: \_\_\_\_\_