



Echelon Services Client Non-Medical Home Care Intake and Inquiry Form

Form Completed by _____ Date: _____

Participant Name _____ DOB _____

Address _____ Phone _____

_____ Soc Sec # _____

Referred By _____ Reason _____

Living Situation: Please Circle: Alone | With Family | With Others _____

Emergency Contact #1: Name | Relationship _____

Telephone: Home _____ Work _____ Cell _____

Emergency Contact #2: Name | Relationship _____

Telephone: Home _____ Work _____ Cell _____

Person Responsible For Payment of Fees: _____

Email Address: _____

Phone Number: _____

PROPOSED SCHEDULE:

Start Date _____

Check Which One	Day of Week	Times
<input type="checkbox"/>	Sundays	
<input type="checkbox"/>	Mondays	
<input type="checkbox"/>	Tuesdays	
<input type="checkbox"/>	Wednesdays	
<input type="checkbox"/>	Thursdays	
<input type="checkbox"/>	Fridays	
<input type="checkbox"/>	Saturdays	

COMMENTS/NEEDS



Intake Health Summary

Physicians Name _____ Phone Number _____ Fax _____

Other Physicians/Mental Health Professionals _____

Primary Diagnosis _____

Are you in pain? YES or NO | Location(s) _____



Medication/Allergies _____

Surgeries/Hospitalizations in the last year _____

Infections:

Wounds: YES or NO

___ H/O MRSA

Is the drainage from the wound contained? _____

___ H/O C-Diff

Location _____

___ Diarrhea

What kind of dressing is being used? _____

___ UTI

___ Respiratory

Behavioral Needs :

___ Eye/Ear

H/O Aggression and/or Combativeness? YES or NO

H/O Verbal Inappropriateness? YES or NO

Wanders? YES or NO | Transmitter needed? YES or NO | Transmitter # _____

Please check the following:

___ Toileting Independence? YES or NO

___ Vision Problems

___ Wears Depends

___ Dentures

___ Catheter/Ostomy

___ Mobility devices used

___ Oxygen? YES or NO

W/C | cane | walker

Liters/Min _____

___ Ambulation assist

___ Smoker

___ Dietary:

How often _____

Needs assistance? YES or NO

___ Dizziness/Loss of balance

Ground | Cut-up | Thickened liquids

___ Fall risk

___ Other _____

___ Hearing Problems