



Client Intake Form

Initial information gathering for new clients

Section A — Client Information

Full Legal Name

Preferred Name

Date of Birth

Gender

Pronouns

Home Address

Phone

Email

Language(s) Spoken

Cultural / Religious Considerations

Section B — Emergency Contact

Name

Relationship

Phone (Primary)

Phone (Alternate)

Address

Section C — Substitute Decision Maker / Power of Attorney

Name

Relationship

Phone

Section D — Care Requested

Service Type: Personal Care Companion Care Respite Overnight Live-in

Schedule: Weekdays Weekends Evenings Overnight 24/7

Specific care needs and goals



Section E — Referral

Referred By

Relationship to Client

Date

By signing below, the client (or authorized representative) confirms the information provided is accurate to the best of their knowledge.

Signature

Printed Name

Date
