Home Care Client Intake Form

The 17 questions a non-medical home care agency needs answered before the first shift, grouped the way you will use them. **Print it and use it as is, or adapt it for your agency.** This is not a clinical assessment. Information in Section 2 is self-reported by the client or family.

AGENCY

COMPLETED BY

DATE

REFERRAL SOURCE

INQUIRY RECEIVED

INTAKE METHOD

☐ Phone ☐ In home ☐ Online

01 Client identity and basic demographics

Feeds your CRM and AMS record. Accuracy here saves re-entry later.

1 Full legal name and preferred name

LEGAL NAME

PREFERRED NAME

2 Date of birth and age

DATE OF BIRTH

AGE

3 Current address and living situation

☐ Lives alone ☐ With spouse or partner ☐ With family ☐ Assisted living ☐ Other

4 Primary phone and secondary contact number

Always capture a backup. One number is not enough.

PRIMARY PHONE

SECONDARY PHONE AND WHOSE IT IS

5 Email address

If the client does not use email, a family member usually does. This becomes your channel for follow-up and care plan updates.

EMAIL

BELONGS TO

02 Care needs and medical context

Defines scope of care so you can staff appropriately and set expectations. Self-reported, not clinical.

6 **Primary reason for seeking care**

Ask it plainly: "What is the main reason you are looking for help right now?" The answer reveals urgency and the services actually needed.

7 **Current diagnoses and relevant medical history**

Document what the client or family discloses. Note that it is self-reported.

8 **Mobility and activities of daily living (ADL) status**

Check anything the client needs help with.

- [ ] Walking or transfers
- [ ] Bathing
- [ ] Dressing
- [ ] Meals
- [ ] Toileting
- [ ] Medication reminders
- [ ] Housekeeping
- [ ] Transportation

9 **Cognitive status and memory concerns**

Known dementia diagnosis, memory lapses, or behavioral considerations. Affects caregiver matching and supervision.

10 **Current medications**

List here or attach the client's medication list. Caregivers need to know about complex schedules even in non-medical care.

- [ ] Medication list attached

03 Home environment

Lets your team prepare before the first visit instead of discovering problems on the doorstep.

11 **Home entry and access details**

Stairs, elevator, door codes, lockbox location, parking. Caregivers need this before they arrive.

12 **Pets in the home**

TYPE AND NUMBER	TEMPERAMENT OR ALLERGY NOTES

13 **Known hazards or special considerations**

Clutter, hoarding, aggressive pets, unsafe conditions. Address these before placing a caregiver.

04 Emergency contacts and decision-making authority

Who gets called first, and who is legally allowed to decide.

14 Primary emergency contact

NAME | RELATIONSHIP | PHONE

15 Healthcare proxy or power of attorney

Who has authority for healthcare and financial decisions, and how to reach them.

NAME | AUTHORITY (HEALTHCARE / FINANCIAL / BOTH) | PHONE

☐ Copy of documentation on file

16 Preferred hospital or physician

PREFERRED HOSPITAL | PRIMARY PHYSICIAN AND PHONE

05 Service preferences and scheduling

This is where intake turns into an active opportunity in your pipeline.

17 Desired start date, schedule, and service hours

DESIRED START DATE | DAYS AND HOURS | ESTIMATED HOURS PER WEEK

☐ Long-term ☐ Short-term recovery ☐ Respite ☐ Not sure yet

CAREGIVER PREFERENCES (LANGUAGE, GENDER, EXPERIENCE) AND ANYTHING ELSE WE SHOULD KNOW

Privacy acknowledgment

Required when a form collects health information.

I confirm that the information above is accurate to the best of my knowledge. I have received a copy of the agency's Notice of Privacy Practices and understand how my information will be used and protected.

CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE | DATE

PRINTED NAME AND RELATIONSHIP TO CLIENT | AGENCY REPRESENTATIVE