

Preparing for Your Assessment

The assessment is an informal interview which allows us to gather information about you or your loved one to develop an individualized care plan. Prior to the assessment, many families find it helpful to discuss specific tasks and/or services they may want to explore. Additionally, we will be requesting the names and phone numbers of doctors as well as medication that is being taken. This form can be helpful as you prepare for our time together. Print this out and have it ready on the day of our assessment interview.

Doctor Information:

Name	Type of Doctor	Phone Number

Medication:

Name	Dose	How many?	What time?

Services that may be of interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Meal Planning and preparation | <input type="checkbox"/> Medication reminders | <input type="checkbox"/> Provide encouragement to engage in hobbies |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Bathing | <input type="checkbox"/> Accompany and assist with walking |
| <input type="checkbox"/> Monitor Diet | <input type="checkbox"/> Grooming & dressing | <input type="checkbox"/> Alzheimer's / Dementia Care |
| <input type="checkbox"/> Light Housekeeping | <input type="checkbox"/> Toileting reminders | <input type="checkbox"/> Any other activities not listed: |
| <input type="checkbox"/> Laundry / Linens | <input type="checkbox"/> Incontinence care | _____ |
| <input type="checkbox"/> Mail Assistance | <input type="checkbox"/> Eating | _____ |
| <input type="checkbox"/> Household organization | <input type="checkbox"/> Mobility / Transferring and positioning | _____ |
| <input type="checkbox"/> Run errands | <input type="checkbox"/> Memory Support | |
| <input type="checkbox"/> Doctor appointments | <input type="checkbox"/> Companionship and conversation | |
| <input type="checkbox"/> Transportation needs | | |