

Date of initial contact: _____ Club Location: _____ Start Date: _____



INITIAL INQUIRY from CARE PARTNER

PRIMARY C/G _____ Relation _____

Phone _____ Email _____

Caller (if different) _____ Relation _____

Phone _____ Email _____

Where did you learn about OFC? _____

POTENTIAL MEMBER

Name _____ Age _____ Gender _____

Partner/Martial status _____ Partner Name/Relation _____

Other care providers/relation _____

Lives with _____ Location _____ How long? _____

Diagnosis _____ When diagnosed? _____

How long has care been needed? _____

Medications _____ Member administers own meds? _____

Mobility Equipment _____ Incontinence Products _____

Assistance needed (toilet, eating, other cues) _____

Medical History (Stroke, diabetes, depression, anxiety, etc.) _____

Veteran? _____ LTC Insurance? _____ POLST? _____

NEXT STEPS

Date of First Visit: _____ Date Registration Form sent _____

Follow up: 1) _____ 2) _____ 3) _____

Please e-mail this intake form to our secure email at
foundation@pnwhomeforlife.com or bring it to your first visit.