

Date: _____

Guelph Office: 519-827-7738

Toll Free: 1-866-995-0151

CLIENT CARE INFORMATION

MAIN CONTACT: _____ (relationship) _____

TELEPHONE: 1. _____ 2. _____ 3. _____

ALTERNATE CONTACT: NAME: _____ (relationship) _____

TELEPHONE: 1. _____ 2. _____ 3. _____

CARE RECIPIENT: 1. _____ AGE _____

2. _____ AGE _____

ADDRESS FOR CARE: _____

MAILING ADDRESS IF DIFFERENT: _____

REASON FOR CARE: 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

MEDICATIONS: We cannot dispense medications but can hand a dossett and water to a client. In case of an emergency we ask for a list of medications that can be presented to a Dr. or Ambulance attendant.

Diet: Diabetic YES OR NO _____ Who Gives Injections if yes: _____

Special/Favourite Foods: _____

Food dislikes: _____

Allergies: _____

Special Needs _____ Meals: _____

Hearing: _____ Aids? _____ Sight: _____ Glasses? _____

Speech: _____ Coherent: _____

Other Ailments: _____

General: Animals in Home? _____ Anything else we need to know? _____