



Care Connection Home Care
Phone: 805-934-0592

Email: homecare@careconnectioncentralcoast.com

Today's Date _____ Today's Time _____

Client Information

First Name _____ Last Name _____

Address _____

Phone _____ Date of Birth _____

Diagnosis _____

Anticipated discharge date _____ Discharge instructions _____

Current Care Setting _____

Primary Doctor _____ Location _____

Emergency Contact _____ Phone _____ Relationship _____

Care Conference Date/Location _____ FHC Apt. Date/Location _____

Referral Information

Contact _____ Title _____ Phone _____

Follow-up Requested _____

Check Services Needed:

- Companion**
- Support, friendship, socialization
 - Overall monitoring of well-being
 - Encourage/assist in participation with social activities
 - Assist with correspondence with family and friends
 - Alzheimer's Care
 - Respite Care for family members
 - Hospital Sitting
 - Other _____

- Personal Assistance**
- Bathing, toileting, personal hygiene assistance
 - Grooming and dressing supervision
 - Ambulation assistance/fall prevention
 - Medication reminders
 - Meal planning/preparation
 - Laundry/bed linens
 - Light housekeeping
 - Assistance with pet care
 - Shopping/errands
 - Transportation to appointments, etc...
 - Other _____

- Medical**
- Medication management services
 - Hands-on assistance with transfers and mobility
 - Delegated nursing tasks to caregivers
 - Other _____

- Case Management**
- Identifying/coordinating resources & services
 - Coordinating/attending appointments
 - Hospital visits/discharge planning
 - Relocation assistance
 - 24/7 emergency availability
 - Crisis intervention
 - Assessments/consultations
 - Advocacy/education
 - Assist with health care advanced directives
 - Act as a Health Care Agent
 - Provide Case Management reports
 - Other _____