



LEV Care Services

Caring with Heart, Serving with Love

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Client Information Profile

DNR	Yes	No
Documentation of file?	Yes	No

Name: _____	ALLERGIES: _____
Address: _____	Marital Status: Single Married Divorce Window _____
Phone: _____	Spouse Name: _____
	Client Lives Alone? Yes No _____
	Date of Birth _____ Age _____
	Male Female _____
Admit Date: _____	Safety Precautions _____
Referred By : _____	Diet: _____
Ethnicity: _____	Inc/Cont - Diaper Yes No Foley Yes No _____
Primary Language: _____	Activity Permitted _____
Health Status : _____	Mental Status : _____
Family / Friends / DPOA: _____	Equipment: Cane Walker WC _____
Agency Involve w/ Client Care: _____	

Contact Information

PRIMARY CONTACT	SECONDARY CONTACT	OTHER CONTACT
Name:		
Relationship:		
Phone work:		
Phone Home:		
Phone Cell:		
Email:		

Biography/Routine/Activities

Birthday _____ Place of birth _____

Language Spoken _____

Health Provider Contact Information

Primary Physician

Name:	Address:		
Phone:	Fax:	Email:	
Other Information:			

Other Physician/Healthcare providers

Dentist:	Address:	Phone:
Pharmacist:	Address:	Phone:
Optometrist:	Address:	Phone:
Other:	Address:	Phone:

Dietary Profile

Food Allergies Yes___ No___

Peanuts___ Shellfish___ Dairy Produce___ Eggs___ Other _____

Previous response _____ Actions required _____

Help with feeding required: Self___ Assist___ Total___

	LUNCH	SUPPER	SNACKS
Usual Time:	Usual Time:	Usual Time:	Usual Time:
Notes:	Notes:	Notes:	Notes:
Favorite Foods:	Favorite Foods:	Favorite Foods:	Favorite Foods:
Dislikes	Dislikes	Dislikes	Dislikes

Home Service Profile

Light Housekeeping		• Pet Care	
Dusting	Notes:	• Dog _____	Notes:
Vacuum		• Cat _____	
Damp Mop		• Fish _____	
Change Bedding		• Other _____	
Bathroom			
General Tidying		Personal Care	
Trash		Indicate the # of care provided/shifts	
Laundry		Medicine Reminder	Notes:
Wash	Notes:	Dressing	
Dry		Bathing/Showering	
Fold		Sponge Bathe	
Put Away		Toileting	
		Urine output	
Meal Planning		Bowel Movement	
Meal Planning	Notes:	Continence Care (_)	
Preparation		Ambulation/Transfer Assist (_)	

Cooking		Wheelchair	
Serving		Walker	
Wash Dishes			
		Hairdressing/ Make-up	
		Shaving/Grooming	
		Feeding	
		Self	
		Assist	
		Total	
		Attendant	Notes:
		Shopping	
		Appointments	
		Friends	

TIME	ROUTINE DESCRIPTION	NOTES/COMMENTS
12:00 AM		
1:00 AM		
2:00 AM		
3:00 AM		
4:00 AM		
5:00 AM		
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 NN		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		
8:00 PM		
9:00PM		
10:00 PM		
11:00 PM		

