**TRINITY CARE XYZ**

  Intake Form

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| Name/title taking information (Print) Date: / / |
| **Client Name**: MARTE RUBEN Gender: M/F Age: \_\_\_\_\_DOB: \_\_\_/\_\_\_/\_\_\_ Marital Status: M S W D Address: 121 W 25th St, Bayonne, NJ 07002 Phone #: 201-466-8797 |
| Name of contact providing information:  |
| Relationship to patient: MOTHER Phone # : 201-466-8797 |
| **Emergency contact: MOTHER Phone #: 201-466-8797 Relationship to patient: MOTHER** (C) (H) |
| **Secondary Contact:** **Phone #: Relationship to patient:** (C) (H)Services requested for CHHA**:** \_\_\_\_\_\_\_\_**IHSN:** \_\_\_\_\_\_\_\_\_\_ Requested start: / / Does client live alone? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_  |
| Lives with(name): ADRIANA MARTE Relationship to patient: MOTHER |
| Language(s) spoken ENGLISH Translator needed: Yes\_\_\_\_\_\_ No \_\_ |
| Reason for Referral: |

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| Referral Source: Client \_\_\_\_ Family\_\_\_ Social Worker\_\_\_ Discharge Planner\_\_\_ Doctor \_\_\_\_ Insurance Co \_\_\_\_\_\_ |
| **Physician name:** Specialty: Phone #: - -  |
| Medical Diagnosis *(if known*): Cerebral PalsySkilled Needs: Gtube feedings, assists with ADLS |
| Medications (*if known*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Financial**: Medicare \_\_\_\_\_\_Private Insurance\_\_\_\_\_\_ Medicaid HMO \_\_\_\_\_\_VA \_\_\_\_\_\_Private Pay \_\_\_\_\_\_ Other\_\_\_\_\_\_\_ |
| **Functional Status** (check all that apply):  |
| **Mobility**: Chair bound\_\_\_\_\_\_ Bedbound\_\_\_\_\_\_ Needs assistance with: Ambulation\_\_\_\_\_ Transfers\_\_\_\_\_ Stairs \_\_\_\_\_ |
| **Assistive devices**: Walker \_\_\_\_\_Cane\_\_\_\_\_ W/C \_\_\_\_\_Shower/tub chair\_\_\_\_\_ Commode\_\_\_\_\_ |
| **ADL’s and IADL’s:** (Check all that apply**):** Needs assistance with: Dressing \_\_\_\_\_Bathing\_\_\_\_\_\_ Grooming \_\_\_\_\_\_\_ Oral hygiene \_\_\_\_\_\_\_ |
| Meal prep and cooking \_\_\_\_\_\_\_\_ Shopping \_\_\_\_\_\_ Cleaning \_\_\_\_\_\_\_\_ |
| **Transportation:** Drives \_\_\_\_\_\_\_\_ Dependent on others\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vision:** Glasses \_\_\_\_\_\_\_ Blind \_\_\_\_\_\_\_\_ Legally Blind\_\_\_\_\_\_\_\_ **Hearing:** HOH\_\_\_\_\_\_ Hearing aids\_\_\_\_\_\_ R ear L ear both\_\_\_\_\_\_ |
| **Speech:** Difficulty speaking \_\_\_\_\_\_ Does not speak\_\_\_\_\_\_ Does not speak or understand English\_\_\_\_\_\_\_\_ |
| Alert/Awake/Oriented? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ If no,explain: |
| Does client experience Memory Loss? Yes \_\_\_\_\_\_\_No \_\_\_\_\_\_ Dementia\_\_\_\_\_\_\_\_\_ Forgetful \_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is client incontinent? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, of: Urine \_\_\_\_\_\_\_ Bowels \_\_\_\_\_\_\_\_\_ Wears disposable undergarments \_\_\_\_\_\_\_\_\_\_ |
| Does client currently have any services in place? Yes No If yes, please explain:  |
| Notes:  |

Signature/Title of person taking information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

 **JOB ORDER INFORMATION**

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| **Services Provided in:**  Home-------------Hospital---------------Office-----------------Rehab-------------Nursing home--------------------School-----------------**Hours of service** **- 7-M------7-----T------------W------7-----TH-----7-------FRI---------7----SAT-------7-------SUN-------7-------****Staff providing service**: CHHA-------------LPN----------------CNA--------------FIELD NURSE/SUPERVISOR-----------------**Duties and skills performed/req’d**: -BATHING. ORAL HYGIENE, MEAL PRFEP, MEDICATION, DRESSING, GROOMING,**Special equipments**: Walker------------Hospital bed----------------Hoyer lift-----------------Commode--------------Shower chair---------------Cane-----------------Oxygen tank-----------------Nembulizer--------------wheel chair-------------------- |

**COMMENTS:**

 Dev 03/2018 ****