Home Care On The Go

homecareonthego.ca
support@homecareonthego.ca

Client Information

First Name _____ Last Name _____

Address _____ Email _____

Phone _____ Date of Birth _____

Current Care Setting _____

Primary Doctor _____ Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Medical History _____

_____

Check Services Needed

Companion Care	Specialized Care	Nursing Care
☐ Emotional support, friendship, socialization	☐ Bathing, toileting, personal hygiene assistence	☐ Medication Management
☐ Wellness monitoring	☐ Grooming and dressing supervision	☐ Assistance with transfers and mobility
☐ Encouragement and assistance with participation in social activities	☐ Ambulation assistance and/or fall prevention	☐ Assessments
☐ Assist with correspondence with family and friends	☐ Medication reminders	☐ Other:
☐ Respite for family	☐ Alzheimer's care	
☐ Hospital sitting	☐ 24/7 Emergency availability	
☐ Assist with pet care		
☐ Meal planning/preparation		
☐ Shopping/errands		
☐ Laundry/light housekeeping		
☐ Transportation		