inTouch Home Companions
Care Perfected.

4701 Patrick Henry Drive, Suite 2601, Santa Clara, CA 95054
Phone: (408) 650-7110 Fax: (408) 608-1917

Companion Care Referral

Name of Referrer: _____

Relationship to Client: _____

Client's Name: _____ □ Male □ Female

Address: _____ City: _____

Zip: _____ Email: _____

Phone Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Alternate: _____

DOB:	Height:	Weight:
Primary Dx:		
Secondary Dx:		
Surgeries/Procedures:		
Equipment (check all that apply): □ Wheelchair □ Walker □ Cane □ Hoyer Lift □ Shower Chair		
Fall Risk: □ yes □ no	Incontinent Care: □ yes □ no	
Does the Client live at home? □ yes □ no	Primary Language:	

Mental Status			ADLs			
Alert/Oriented	□ yes	□ no	Activity	Min. assist	Mod. Assist	Max. assist
Confused	□ yes	□ no	Feeding			
Forgetful	□ yes	□ no	Bathing			
Combative	□ yes	□ no	Transferring			

Comments: _____

_____

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Please send this form to InTouch Home Care Inc. via fax at (408) 608-1917
or via email at info@yourintouchhc.com