

Client:

Type of Help:

From: To:

Qualities and experience expected from carer:

Pets in household:

Age range preferred:

Must they be a non-smoker: *(Please indicate with tick)*
 Yes No Don't Mind

Must they be able to drive: *(Please indicate with tick)*
 Yes No

If YES will you provide a car: *(Please indicate with tick)*
 Yes No

If YES what type of car: *(Please indicate with tick)*
 Auto Manual

Age limit (if any) for car insurance:
 Can it be used in time off: Yes No

Public Transport available:

Time off allowed with pay and who covers it:

| | 3 hours | 10 hours |
|-----------|---------|----------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Residence: *(Please indicate with tick)*

House Flat Bungalow

Other

Accommodation with food offered: *(Please indicate with tick)*

Own Bedroom Own bathroom

Own Sitting Room Own TV

Amenities: *(Please indicate with tick)*

| | | |
|------------------|----------------------|------|
| Washing Machine | Yes | No |
| if YES what type | Twin Tub | Auto |
| | | |
| Spin Dryer | Yes | No |
| Tumble Dryer | Yes | No |
| Fridge | Yes | No |
| Freezer | Yes | No |
| Microwave | Yes | No |
| Cooker (type) | Electric / Gas / Aga | |
| Smoke detector | Yes | No |

Housekeeping:

Are the shops near: *(Please indicate with tick)*

Yes No

Shopping arrangements if not:

Do you have cleaner/gardener: *(Please indicate with tick)*

Cleaner Yes (how often) No

Gardener Yes (how often) No

Please state how much help you require with laundry:

What meals will need to be cooked:

Approx time

Breakfast

Lunch

Supper

To what standard:

Client date of birth:

Physical history/condition:

Mental history:

Help required: *(Please indicate with tick)*

| | | |
|-----------------------------|------------|------------|
| Getting Up | Yes | No |
| Going to Bed | Yes | No |
| Washing | Yes | No |
| Bathing | Yes | No |
| Showering | Yes | No |
| Dressing/Undressing | Yes | No |
| Mobility | Yes | No |
| If YES aids required: | | |
| Sticks | Zimmer | Wheelchair |
| Assistance required: | | |
| minimal | one person | two people |
| Transferring: | Yes | No |
| If YES aids required: | | |
| glidesheet/board | | hoist |
| Assistance required: | | |
| minimal | one person | two people |
| Help to loo/commode | Yes | No |
| If YES assistance required: | | |
| Prompts | one person | two people |
| Commode | Day | Night |

| | | |
|--|------------------|-------------|
| Incontinence | Yes | No |
| If YES aids used: | | |
| Pads | Condom drainage | |
| Catheter | | |
| Nightcare: <i>(Please indicate with tick)</i> | | |
| Independent | Help 1 / 2 times | |
| Help 3 / 4 times | Night duty | |
| Help required for: | | |
| Toilet | Drink | Reassurance |
| | | Other |
| Medication: <i>(Please indicate with tick)</i> | | |
| Self Administered | | |
| Assistance Required | | |
| Diet Preferred: <i>(Please indicate with tick)</i> | | |
| Normal | Soft | |
| Special | Vegetarian | |
| Allergies (if any) | | |