



Freedom Home Care, LLC

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Today's Date _____ Today's Time _____

Client Information

First Name _____ Last Name _____

Address _____

Phone _____ Date of Birth _____

Diagnosis _____

Anticipated discharge date _____ Discharge instructions _____

Current Care Setting _____

Primary Doctor _____ Location _____

Emergency Contact _____ Phone _____ Relationship _____

Care Conference Date/Location _____ FHC Apt. Date/Location _____

Referral Information

Contact _____ Title _____ Phone _____

Follow-up Requested _____

Check Services Needed:

Companion

- Support, friendship, socialization
- Overall monitoring of well-being
- Encourage/assist in participation with social activities
- Assist with correspondence with family and friends
- Alzheimer's Care
- Respite Care for family members
- Hospital Sitting
- Other _____

Personal Assistance

- Bathing, toileting, personal hygiene assistance
- Grooming and dressing supervision
- Ambulation assistance/fall prevention
- Medication reminders
- Meal planning/preparation
- Laundry/bed linens
- Light housekeeping
- Assistance with pet care
- Shopping/errands
- Transportation to appointments, etc...
- Other _____

Medical

- Medication management services
- Hands-on assistance with transfers and mobility
- Delegated nursing tasks to caregivers
- Other _____

Case Management

- Identifying/coordinating resources & services
- Coordinating/attending appointments
- Hospital visits/discharge planning
- Relocation assistance
- 24/7 emergency availability
- Crisis intervention
- Assessments/consultations
- Advocacy/education
- Assist with health care advanced directives
- Act as a Health Care Agent
- Provide Case Management reports
- Other _____