

ElderCareGenius – Senior Insider Assessment

This confidential assessment helps ElderCareGenius better understand health, safety, and daily living needs to support informed care planning decisions.

General Information

Name: _____

Date of Birth: _____

Contact Info: _____

Primary Caregiver: _____

Mobility

Assistive device used (cane/walker/wheelchair): _____

Assistance needed at home: _____

Sleep

Sleep through the night? Yes No

Daytime naps? Yes No

Diet

Prepare own meals? Yes No

Meal delivery services? Yes No

Special diet: _____

Cognitive & Emotional Health

Memory concerns? Yes No

Medication/appointment reminders needed? Yes No

Anxiety or depression? Yes No

Social activities? Yes No

Medical History

Chronic illnesses: _____

Past surgeries/hospitalizations: _____

Safety & Security

Lives alone? Yes No

Emergency alert devices? Yes No

Feels safe at home? Yes No

Vision & Vital Signs

Vision changes? Yes No

Blood Pressure: _____ Heart Rate: _____ Blood Sugar: _____

Authorization & Signature

I certify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____