

Aikkia Personal Care & Respite Services

Client Intake & Service Application

Base Rate: \$38/hr (4-hour minimum)

Add-Ons: Hair/Nail Care \$150 - Personal Assistant Services \$50/hr - Transportation (price varies by miles)

--- CLIENT INFORMATION ---

Full Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____

Gender / Pronouns: _____

Phone: _____ Alt Phone: _____

Email: _____

Home Address: _____

City/State/ZIP: _____

Primary Language: _____ Interpreter Needed? Yes / No

Marital Status: Single / Married / Widowed / Divorced / Other _____

Living Situation: Alone / With Spouse/Partner / With Family / Assisted Living / Other _____

Pets at Home? Yes / No Type/Notes: _____

--- EMERGENCY & AUTHORIZED CONTACTS ---

Primary Emergency Contact:

Name/Relationship: _____

Phone(s): _____

Authorized to make decisions? Yes / No

Secondary Contact:

Name/Relationship: _____

Phone(s): _____

Authorized to make decisions? Yes / No

--- MEDICAL & HEALTH PROFILE ---

Primary Care Provider (PCP): _____ Phone: _____

Specialists (name/phone/reason): _____

Primary Diagnosis/Conditions: _____

Secondary/Chronic Conditions: _____

Recent Hospitalizations / Surgeries (past 12 months): _____

Allergies (medications/foods/latex/etc.): _____

Current Medications (attach list if available): _____

Medication Management Needed? Reminders / Administration / None

Preferred Hospital: _____

DNR / Advance Directive in place? Yes (attach) / No / Unsure

Durable Power of Attorney / Guardian: _____

... (Form continues with Functional Status, Care Preferences, Services, Scheduling, Home Safety, Consents, and Signatures) ...