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<http://www.planitconsult.ca>

## CLIENT INFORMATION SHEET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname (preferred name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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1. Medical conditions/ concerns:

\_\_\_\_\_  
\_\_\_\_\_

2. Mobility: (uses a walker, wheelchair or walks unassisted)

\_\_\_\_\_  
\_\_\_\_\_

3. Continence (wears attends, is continent, needs green pad for outings)

\_\_\_\_\_  
\_\_\_\_\_

4. Allergies/ risks to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

5. Behavior Issues:

\_\_\_\_\_  
\_\_\_\_\_

6. Comfort Aids: (blanket, toy, handkerchief, etc.)

\_\_\_\_\_  
\_\_\_\_\_

7. Favorite Pastimes:

\_\_\_\_\_  
\_\_\_\_\_

8. Special Diet:

Soft, pureed, small bites \_\_\_\_\_ Fluids (thickened?) \_\_\_\_\_  
Favorites (Likes or Dislikes) \_\_\_\_\_ Feeds self? \_\_\_\_\_

9. Individual Characteristics: do's/don'ts

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10. Likes:

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11: Dislikes:

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12: Social History:

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13: Family Contact:

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1. Service preferences and requests:

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2. Additional comments/ Goals of Care:

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Guardian/ Family: \_\_\_\_\_

Trustee/ Power of Attorney: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

All information within this information sheet is confidential and shall only be used for the services agreed upon with PLAN IT CONSULTING INC.

**For Office Use:**

Hours per day, month, week: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions of Hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Monthly Expenses Allowed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions of Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_