



# Caring Consultation

Medical History:

Have you fallen recently?

Fall risk (Select which applies):  High  Medium  Low

Allergies:

Medication Used:

What do you like to eat?

Breakfast  Lunch  Dinner

Are you capable of doing Physical Activity?

Physical Aids:

Dressing:

Independent  Assisted

Bath or Shower?

Continence: Do you need assistance with the washroom?

Continence: Do you wear any special undergarments?

Any special equipment in the home?

Housekeeping. What would you like done?

Kitchen    Bathroom    Bedrooms    Living Room    Laundry

If bedding, how often? \_\_\_\_\_

Would you like your caregiver to take you to appointments?

Play: What hobbies do you enjoy?

Tell me about your family

Who has the power of attorney?