mable

Client Profile

Name: _____
Address: _____
_____

Phone: _____
_____

Name Preference: _____
Marital Status: Single Married Divorced Widowed

Spouses Name: _____
Client Lives Alone? Yes # No #

Smoker? Yes # No #

Biography

Birthday _____ Place of Birth _____ Languages Spoken # English

Previous Cities or Towns of Residence _____ # French

Schools or Universities Attended _____ # German

Occupations _____ # _____

Leisure Profile

LEISURE	HOBBIES	SPORTS	OTHER
☐ Birds	☐ Antiques	☐ Baseball	Places Traveled
☐ Board Games	☐ Archaeology	☐ Basketball	☐ _____
☐ Bridge	☐ Astronomy	☐ Boating	☐ _____
☐ Cards	☐ Art	☐ Bowling	☐ _____
☐ Cats	☐ Camping	☐ Canoeing	☐ _____
☐ Crosswords	☐ Coins	☐ Cross Country Skiing	☐ _____
☐ Dogs	☐ Collectables	☐ Curling	☐ _____
☐ History	☐ Cooking	☐ Darts	
☐ Horses	☐ Dolls	☐ Diving	Other Interests
☐ Internet	☐ Gardening	☐ Downhill Skiing	☐ _____
☐ Movies	☐ Ham Radio	☐ Fishing	☐ _____
☐ Museums	☐ Metal Working	☐ Formula 1 Racing	☐ _____
☐ Music	☐ Model Building	☐ Golf	☐ _____
☐ Newspaper	☐ Nature	☐ Hockey	☐ _____
☐ Painting	☐ Puzzles	☐ Lawn Bowling	☐ _____
☐ Poetry	☐ Rock Hound	☐ Nascar Racing	☐ _____
☐ Politics	☐ Stamps	☐ Rodeo	☐ _____
☐ Radio	☐ Trains	☐ Sailing	☐ _____
☐ Reading	☐ Travel	☐ Scuba Diving	☐ _____
☐ Resting	☐ Woodworking	☐ Swimming	☐ _____
☐ Shopping		☐ Tennis	
☐ Television	☐ Musical Instruments	☐ Volleyball	
☐ Tropical Fish	☐ _____	☐ _____	
☐ Walking	☐ _____	☐ _____	

Behavior Profile

✔	BEHAVIOR	NOTES
	Addiction - Alcohol	
	Addition - Drugs	
	Aggressive - Physically	
	Aggressive - Verbally	
	Agitated	
	Apathetic	
	Cognitive Problems	
	Confused	
	Demanding	
	Depression	
	Disorder - Paranoid	
	Disorder - Schizophrenic	
	Eating Disorder	
	Extraverted/Introverted	
	Forgetful	
	Frail	
	Hallucinations	
	Hearing - Deaf	
	Hearing - Impaired	
	Illiterate	
	Incontinent	
	Insomnia	
	Kleptomaniac	
	Lonely	
	Mentally Challenged	
	Obsessive Compulsive	
	Pain	
	Seizures	
	Sexual Expression	
	Speech - Impediment	
	Speech - Mute	
	Suicidal	
	Violent	
	Vision - Blind	
	Vision - Impaired	
	Wanders	

Home Services Profile

HOME SERVICES

name

❑❑ **Light Housekeeping**
Notes:

❑❑ Dusting
❑❑ Vacuum
❑❑ Damp Mop
❑❑ Change Bedding
❑❑ Bathroom
❑❑ General Tidying
❑❑ _____

❑❑ **Laundry**
Notes:

❑❑ Wash
❑❑ Dry
❑❑ Iron
❑❑ Fold
❑❑ Put Away

❑❑ **Meal Preparation**
Notes:

❑❑ Meal Planning
❑❑ Preparation
❑❑ Cooking
❑❑ Serving
❑❑ Wash Dishes
❑❑ Pre-Cooked Meals

❑❑ **Home Basics**
Notes:

❑❑ Gardening
❑❑ Lawn
❑❑ Snow
❑❑ _____
❑❑ _____

❑❑ **Pet Care**
Notes:

❑❑ Dog_____
❑❑ Cat _____
❑❑ Fish
❑❑ Other_____

❑❑ **Basic Personal Care**
Notes:

❑❑ Medicine Reminder
❑❑ Dressing
❑❑ Bathing
❑❑ Hairdressing
❑❑ Makeup
❑❑ Washing
❑❑ Shaving
❑❑ Nail Care
❑❑ _____
❑❑ _____

❑❑ **Attendant**
Notes:

❑❑ Shopping
❑❑ Appointments
❑❑ Friends
❑❑ Activities

Other:
❑❑ _____
❑❑ _____
❑❑ _____
❑❑ _____
❑❑ _____

Notes:

Housekeeping Notes:

Living Room _____
Dining Room _____
Kitchen _____
Family Room _____
Master Bed _____
Ensuite _____
Bedroom 1 _____
Bedroom 2 _____
Bedroom 3 _____
Bathroom 1
Bathroom 2 _____
Other _____
Other _____

Dietary Profile

Meal Preferences

Does the client have any food allergies? Yes # No # Client Initials __________

If yes, please list them below.

BREAKFAST Usual Time:	LUNCH Usual Time:	SUPPER Usual Time:	SNACKS Usual Times:
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
❑❑ ________	❑❑ ________	❑❑ ________	❑❑ ________
Notes:	Notes:	Notes:	Notes:

FOOD & BEVERAGE ALLERGIES	FOOD & BEVERAGE DISLIKES	FOOD PREPARATION NOTES
❑❑ Peanuts	❑❑ ________	
❑❑ Shell Fish	❑❑ ________	
❑❑ Dairy Products	❑❑ ________	
❑❑ Flour	❑❑ ________	
❑❑ Eggs	❑❑ ________	
❑❑ Citrus	❑❑ ________	
❑❑ ________	❑❑ ________	
❑❑ ________	❑❑ ________	
❑❑ ________	❑❑ ________	
❑❑ ________	❑❑ ________	
Notes:	Notes:	

Routine Profile _____

Daily routine by the hour.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6am							
7am							
8am							
9am							
10am							
11am							
Noon	Noon_____	Noon_____	Noon_____	Noon_____	Noon_____	Noon_____	Noon_____
1pm							
2pm							
3pm							
4pm							
5pm							
6pm	6pm_____	6pm_____	6pm_____	6pm_____	6pm_____	6pm_____	6pm_____
7pm							
8pm							
9pm							
10pm							
11pm							

Monthly routine by the week of the month or the day of the month.

WEEK 1		WEEK 2		WEEK 3		WEEK 4		DAY	ACTIVITY
M		M		M		M			
T		T		T		T			
W		W		W		W			
T		T	T		T F				
F		F		F S S S S					
S		S		S		S			

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Signed _____ Date _____