

DEFINE CARE NEEDS

Needs Assessments

Complete this form to assist us in helping you locate the appropriate facility in your elderly family member's city or nearby area. Complete only the items that apply to your family member. All personal information you provide is held in strictest confidence by our company and is not shared with advertisers or any other parties.

*=Required Field

*Senior is located near

*City: *State: Zip:

Senior's Name:

*First: Last:

Height: Weight: *Age:

PHYSICAL INFORMATION

Ambulation Level (check all that apply)

Walks unassisted

Cane

Walker

Wheelchair

Wheelchair Transfer Assistance:

Needs no help

Needs some help

Needs total assistance

Need Help With Activities Of Daily Living (check all that apply)

Bathing

Dressing

Hair care, shaving, or dental

Eating

Toileting

Incontinent (check all that apply)

Bladder

Bowel

Wears diapers

Senses (check all that apply)

- Fair to good vision
- Legally blind
- Fair to good hearing
- Deaf

Night Time (check all that apply)

- Sleeps through the night
- Needs help with toileting
- Up three or more times

MEDICAL INFORMATION

Cognitive Impairment (check all that apply)

- Diagnosed with Alzheimer's
- Diagnosed with dementia
- Confused
- Short term memory loss
- Wanders at night
- Wanders outside
- Agitated or combative

Special Medical Needs (check all that apply)

- Oxygen
- Urinary catheter
- Colostomy

Diabetic (check all that apply)

- Controlled with medications
- Insulin injections
- Special diet

Additional Information Regarding Your Loved One

(do not exceed 2000 characters)

RESPONSIBLE PARTY INFORMATION (* =required field)

*First Name:

*Last Name:

*Address 1:

***Address 2:**

***City:**

***State:**

***Zip code:**

***Relationship to Senior**

***Home phone #**

***Other phone #**

***E-mail address:**

*** Facility Type:**

Assisted living

Small board and care homes

Alzheimer's secured residence

Retirement community

*** Apartment/Room Type:**

1 Bedroom

2 Bedrooms

Studio

Private room

Semi-private room

Estimated move-in date:

*** Monthly Budget range:**

Minimum

Maximum

Additional Information Regarding Your Search

(do not exceed 2000 characters)