



## Health United Placements - Intake Sheet

| Date: \_\_\_\_\_ |

### Client Information

Full Name: \_\_\_\_\_	Date of Birth: \_\_\_\_\_
Gender: \_\_\_\_\_	Social Security Number: \_\_\_\_\_
Phone Number: \_\_\_\_\_	Email Address: \_\_\_\_\_
Address: \_\_\_\_\_	

### Emergency Contact

| Full Name: \_\_\_\_\_ | Relationship: \_\_\_\_\_ |  
| Phone Number: \_\_\_\_\_ | Email Address: \_\_\_\_\_ |

### Referral Information

| Referred By (Physician, Hospital, Social Worker, etc.): \_\_\_\_\_ |  
| Reason for Referral: \_\_\_\_\_ |

### Living Preference

Please indicate the preferred type of living arrangement:

|  Assisted Living |  Independent Living |  Adult Family Care Home |  Family Living |

### Health Information

| Primary Physician: \_\_\_\_\_ | Phone Number: \_\_\_\_\_ |  
| Current Diagnosis/Conditions: \_\_\_\_\_ |

| Medications (Include Dosage and Frequency):  
\_\_\_\_\_ |

| Allergies (Food, Medication, Environmental):  
\_\_\_\_\_ |

| Physical Limitations or Mobility Issues:  
\_\_\_\_\_ |

| Special Dietary Needs: \_\_\_\_\_ |

| Cognitive Status (e.g., Dementia, Alzheimer's, etc.):  
\_\_\_\_\_ |

| Mental Health History (if applicable):  
\_\_\_\_\_ |



**Personal Care Needs**

Assistance with Daily Living Activities (Check all that apply):

Bathing |  Dressing |  Toileting |  Feeding |  Mobility Assistance |  Medication Management |  Other: \_\_\_\_\_ |

**Current Living Situation**

Living Alone |  With Family |  In a Facility |  Other: \_\_\_\_\_ |

| Reason for Seeking New Placement:  
\_\_\_\_\_ |

**Financial Information**

| Source of Income (SSI, SSDI, Pension, etc.):  
\_\_\_\_\_ |

| Insurance Coverage (Medicare, Medicaid, Private):  
\_\_\_\_\_ |

| Long-Term Care Insurance: \_\_\_\_\_ |

| Other Financial Considerations: \_\_\_\_\_  
|

**Behavioral Information**

| Any History of Aggression or Behavioral Issues:  
\_\_\_\_\_ |

| Wandering or Elopement Risk: \_\_\_\_\_ |

| Smoking or Alcohol Use: \_\_\_\_\_ |

**Other Preferences/Concerns**

| Pets Allowed: \_\_\_\_\_ |

| Religious/Spiritual Preferences:  
\_\_\_\_\_ |

| Cultural or Language Needs: \_\_\_\_\_  
|

| Any Other Specific Needs or Preferences:  
\_\_\_\_\_ |

**Placement Decision**

| Desired Move-In Date: \_\_\_\_\_ |

| Additional Notes: \_\_\_\_\_ |

**Assessment Completed By**

| Name: \_\_\_\_\_ | Title: \_\_\_\_\_ | Date: \_\_\_\_\_ |