

Enrollment Form

Client Information:

Name: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Phone #: _(____) _____
Other Phone #: _(____) _____
Date of Birth: _____
Race: African American Hispanic or Latino American Indian/Alaskan Native
Asian White Native Hawaiian or other Pacific Islander Other
of People at Home: _____
In Poverty?: Yes No

Description of Medical/Physical Condition:

Any Physical Impairments?: Yes No If yes, explain: _____
Any assistive devices required for daily living?: Yes No If yes, explain: _____
Is assistance required for ambulating?: Yes No If yes, explain: _____
Is help required to go outside of home?: Yes No If yes, explain: _____
Any vision impairments?: Yes No If yes, explain: _____
Any hearing impairments?: Yes No If yes, explain: _____
Diagnosis (if known): _____
Recent Hospitalizations: _____

Service Information:

Type of Service: Reminder Security Monitoring Remembrance Program
Approximate Time for Phone Call Service(s):
1. _____ AM PM 2. _____ AM PM 3. _____ AM PM
4. _____ AM PM 5. _____ AM PM 6. _____ AM PM
Call dialogue: _____

Emergency Contact Information:

Name:	1. _____	2. _____	3. _____
Address:	_____	_____	_____
Phone #:	_____	_____	_____
Other #:	_____	_____	_____
Relationship:	_____	_____	_____

Referred By:

Agency: _____
Name: _____
Address: _____
Phone #: _____
 _(____) _____

I, _____, give _____, permission to provide
(Client Name) (Referred By Name)
HouseCalls, Ltd. the above information. House Calls, Ltd. will hold all information confidential
and will not disclose information to outside parties.

Signature: _____