# **Caregiver Name:**

**Biography**

Smoker? Yes • No • Languages Spoken • English

Previous Cities or Towns of Residence • French

Schools or Universities Attended • German

Occupations • 

Allergies? Yes • No • If yes please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leisure Profile**

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

Other Interests* \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_
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General Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Profile**



Check all areas of client behavior that you have experience working with. Provide details of experience.

| **** | **BEHAVIOR** | **EXPERIENCE** |
| --- | --- | --- |
|   | 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**



Check all areas of client “Caregiving Services” that you have experience working with. Provide notes if required.

| * **Light Housekeeping**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Laundry**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Meal Preparation**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Home Basics**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Dusting
* Vacuum
* Damp Mop
* Change Bedding
* Bathroom
* General Tidying
* \_\_\_\_\_\_\_\_\_\_\_\_\_
* Wash
* Dry
* Iron
* Fold
* Put Away
* Meal Planning
* Preparation
* Cooking
* Serving
* Wash Dishes
* Pre-Cooked Meals
* Gardening
* Lawn
* Snow
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * **Pet Care**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Basic Client Personal Care**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Attendant**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other:*** \_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_
 |  * Dog
* Cat
* Fish
* Other\_\_\_\_\_\_\_\_\_\_\_
* Medicine Reminder
* Dressing
* Bathing
* Hairdressing
* Makeup
* Washing
* Shaving
* Nail Care
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Shopping
* Appointments
* Friends
* Activities

**Notes:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |

**Experience Profile**

Please check your experience working with clients that were assessed with any of the following: 

**General Status:**

**Allergies/Sensitivities** • Food • Environmental • Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin Conditions** • Bed Sores • Topical • Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diabetes** Type**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C**ontrol type: • Insulin • Oral hypoglycemic • Diet controlled

**Mental Disabilities** • Dementia • Alzheimers • Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobility:** • Bedridden • Assistance Required

**Limbs:** • Impairment • Tremor • Amputation • Prosthesis

**Assistive Devices:** • Mechanical Lifts • Walker • Cane • Crutches • Wheelchair • Hearing Aid

 • Prosthetics • Leg Brace • Neck Brace • Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Functional Status:**

**Transferring:** • Assist • Total care **Feeding:** • Assist • Total care

**Appetite:** • Fair • Poor **Bathing:** • Assist • Bed

**Meal Prep:** • Assist • Total care **Housework:** • Assist • Total care

**Toiletting:** • Assist • Incontinent • Bladder • Bowel • Ostomy/Catheter

**Sensory Perception:**

**Vision:** • Impaired • Blind • Contacts • Glasses

**Hearing:** • Impaired • Deaf • Hearing Aid

**Speech:** • Impaired • Aphasic • Language Spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Literacy:** • Illiterate

**Pain:** • Acute • Chronic • Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition:**

**Mouth:** • Partial • Dentures • No Teeth • Ulcers • Infection • Drooling

**Feeding:** • Supervision • Assistance • Total Feed • Choking Problem • Swallowing Problem

**Diet:** • Supervised • Strict • Supplements

**Notes:** 



The information contained within this document is not shared with any third parties. The information is used for matching caregiver skills with client needs and is kept in the caregiver’s personnel file during caregiving services. The Caregiver, by signing this document gives the client consent to collect the information contained herein and use for the specified purpose. I certify that all information provided in this document is accurate and true to the best of my knowledge, and I understand that intentionally providing false information could result in disciplinary action or termination of caregiving services.

Signed Date