



**PLAN IT CONSULTING**

4825 -51 Street, Camrose, AB T4V 1R9  
Ph. (780) 672-0063 [planit@telus.net](mailto:planit@telus.net)

## CLIENT INFORMATION SHEET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname (preferred name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Medical conditions/ concerns:

\_\_\_\_\_  
\_\_\_\_\_

2. Mobility: (uses a walker, wheelchair or walks unassisted)

\_\_\_\_\_  
\_\_\_\_\_

3. Continence (wears attends, is continent, needs green pad for outings)

\_\_\_\_\_  
\_\_\_\_\_

4. Allergies/ risks to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

5. Behavior Issues:

\_\_\_\_\_  
\_\_\_\_\_

6. Comfort Aids: (blanket, toy, handkerchief, etc.)

\_\_\_\_\_  
\_\_\_\_\_

7. Favorite Pastimes:

\_\_\_\_\_  
\_\_\_\_\_

8. Special Diet:

Soft, pureed, small bites \_\_\_\_\_ Fluids (thickened?) \_\_\_\_\_  
Favourites (Likes or Dislikes) \_\_\_\_\_ Feeds self? \_\_\_\_\_

9. Individual Characteristics: do's/don'ts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Likes:

\_\_\_\_\_  
\_\_\_\_\_

11: Dislikes:

\_\_\_\_\_  
\_\_\_\_\_

12: Social History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13: Family Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Service preferences and requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Additional comments/ Goals of Care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian/ Family: \_\_\_\_\_

Trustee/ Power of Attorney: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

All information within this information sheet is confidential and shall only be used for the services agreed upon with PLAN IT CONSULTING INC.

***For office use:***

Hours per day, month, week: \_\_\_\_\_

Conditions of hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total monthly expenses allowed: \_\_\_\_\_

Conditions of expenses: \_\_\_\_\_