# Client intake – Home Visitation & Social Support Template

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| --- | --- | --- | --- |
| Client Name | Address | Intake done by | Date |
|  |  |  |  |

Service Information

|  |  |
| --- | --- |
| Service | Assisted Shopping □ Home Visits □ Social Outing □ Other: |
| Preferred Weekday | Mon □ Tue □ Wed □ Thu □ Fri □ |
| Preferred Frequency | Weekly □ Fortnightly □ Monthly □ |
| Preferred time |  |
| Are you a smoker | Yes □ No □ Other (details): |
| Preference on volunteer | Male □ Female □ No Preference □ Non-Smoker □ |
| Client interest/hobbies |  |
| Further details on what client would like to do in allotted time |  |
| What is your goal from having social support |  |
| Preferred service commencement |  |
| Do you use mobility aids? |  |
| Are you limited in walking distance? |  |
| Do you need assistance with transfers? | In / out of cars □ sitting to standing □ up/down stairs □  Other details: |
| Do you have any physical or health conditions that may affect your social support service? |  |
| Is there any other assistance required for you whilst out in the community? |  |
| Are you required to take any medications during your visit? |  |
| If yes, are you able to administer this yourself? |  |
| How did you find out about this service? |  |

Home Visit Safety Checklist

Completed by: Date:

Vaccinations

1 2 3 4

|  |  |
| --- | --- |
| Access | |
| Is the address a house, unit or other? |  |
| Is there a visible house number? |  |
| Is the home in a remote or rural area? |  |
| Where is the entrance? |  |
| Any entry requirements? |  |
| Is access safe and clear? Please note any hazards |  |
| Are there any animals/pets at the address? Add details |  |
| Are you able to answer the door? |  |
| Specific parking instructions |  |
| Safety | |
| Will there be others present? |  |
| Will there be smokers during the visit? |  |
| Do you agree not to drink alcohol or take non-prescription drugs during or before the visit? |  |
| Are there any trip hazards? If so, what action is taken? |  |
| Are there any other safety issues/concerns? |  |

|  |  |
| --- | --- |
| Risks Identified | |
| 1.  2.  3. | |
| Action Taken | |
| 1.  2.  3. | |
| Assessor Signature |  |
| Volunteer Signature |  |

I, agree to the client permissions and agreed supports as stated above.

Signed: Date:

OR I give verbal permission to to sign on my behalf