

Request a Personalized Care Assessment

This short assessment will help us determine your home care needs. If you choose, you may fill it out and submit online. One of our home care specialists will be in contact with you within 48 hours to discuss your options in more detail. If you prefer to talk with someone directly, call us at (000) 000-0000. Thank you.

Your Name (required)

Your Email (required)

Address

City

State

Zip Code

Phone

BACKGROUND INFORMATION

Who's in need of care?

- Child
- Relative
- Friend
- Self

Sex

- Female
- Male

Town patient lives in?

Where are services needed?

- In-home
- Assisted Living Facility
- Nursing Home
- Other

How soon will services be needed?

- Immediately

- Next Week
- Next Month
- Other

Are you the caregiver?

- Yes
- No

Do you need an assessment to establish home care needs and goals?

- Yes
- No
- Unsure

Please check conditions

- Alzheimer's
- Dementia
- Pulmonary Lung Disease
- Heart Disease
- Cancer
- Diabetes
- Parkinson's
- Neuromuscular Disorders
- Arthritis
- Hearing and/or Vision Impairment
- Stroke
- Brain Injury
- Mental Health and Psychiatric Disorders
- Hospice/Palliative Care Support
- Other

Please check daily living assistance needs

- Dressing
- Grooming and Hygiene
- Bathing
- Toileting
- Mobility Assistance
- Physical Therapy and Exercise
- Medication Reminders

- Homemaker/Household Services
- Shopping and Errands
- Companionship and Social Support
- Dietary Planning and Meal Preparation
- Home Safety Assessment
- Vital Signs
- Adult Day Care/Respite Care for Caregiver
- 24/7 Home Care Services
- Mental Health Home Care Services
- Other

Please check funding sources

- Private Pay
 - Long Term Insurance
 - Eldercare Benefits
 - VA Benefits
 - Other
 - Not Sure
-

Needs Assessment (Sample #2)

If you are investigating home care options, try our interactive needs assessment tool to get an idea of the level of care you may need. Remember, every SYNERGY HomeCare care plan is customized to your exact needs after a complimentary in home assessment, so call SYNERGY HomeCare today.

1) I need care for: Me

2) We need help because he/she is: Aging

3) People available to help locally: (Check all that apply)

- Myself
- Family Member(s)
- Friend(s)
- Case Worker(s)
- Volunteer(s)
- No one at this time

4) We will need Synergy HomeCare to help:

a. **Time of day:** In the morning

b. **Number of days:** 3 or 4 days a week

5) Caregivers will need to assist with: (Check all that apply)

- Walking
- Getting up
- Bathing
- Dressing
- Making meals
- Feeding
- Using the restroom
- Incontinence
- Transportation
- Running errands
- Housekeeping
- Companionship

- Communication
- Medication Reminder

Needs Assessment (Sample #3)

In many cases it may be obvious. Mom is forgetting to take her medications or cannot remember where they are. Dad is repeating himself or losing his balance and falling. For many, those times are the trigger for additional care, whether hired assistance in the home or considering a move to a retirement facility.

Evaluate the need requirement below, then recommendations will be provided below.

Dressing

- Unable, requires total assistance
- Requires help with all items
- Requires help with shoelaces, zippers, belt
- Able to perform, but clothes must be arranged
- Dresses Independently

Bathing and Toileting

- Unable, requires total assistance
- Requires assistance with undressing
- Able to perform with minimal help
- Able to perform with supervision and occasional help
- Baths and toilets independently

Control(Continence) of Bladder and Bowels

- Total lack of bowel or bladder control
- Frequent Accidents
- Occasional accidents requiring assistance
- Occasional Incontinence, but properly cares for self
- Total control of bladder and bowels

Eating and Nutrition

- Requires feeding
- Eats better when fed, losing weight
- Eats only about half of meals

- Eats less than usual, but adequate
- Eating well, good nutritional status

Meal Preparation

- Unable to prepare or obtain meals
- Requires delivery or assistance with preparation
- Can assist, but needs main meals prepared daily
- Can prepare meals if food is obtained
- Obtains groceries and prepares meals independently

Household Chores

- Unable to perform basic cleaning and up keeping
- Regularly requires help with most housekeeping
- Regularly requires help with some housekeeping
- Requires only intermittent housekeeping
- Performs household chores independently

Medications

- Unable to identify or self administer
- Regularly requires reminders
- Occasionally requires reminders
- Takes medications on schedule if pre-arranged
- Properly arranges and takes medications independently

Walking

- Unsteady balance, prone to falls
- Unable to move from bed to chair without help
- Wheelchair dependent, requires assistance
- Uses walking aid without assistance
- Walks Independently without assist device

Mental Status

- Confused and disoriented to place, time
- Poor judgment of risk, safety, not necessarily confused

- Requires frequent redirection
- Usually appropriate, requires occasional redirection
- Alert and oriented to person, place, time; Good judgment

Mood

- Depressed and withdrawn or frequently angry, agitated with others
- Frequently sad, reflects on self worth
- Apathy, flat behavior, or occasional anger
- Generally good spirits, less joyful than usual
- Good in spirits
-

Name:

Email:

Phone #: