

## INTAKE QUESTIONNAIRE

Please note: Instructions listed at the end of this form on how to download and fill out online.  
If printing a hard copy to fill out, please mail to: ShareCare, PO Box 937, Leland, MI 49654

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you live alone? Yes \_\_\_ No\_\_\_

If No, please provide the contact information for the person you live with?

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have any pets (type and how many):

\_\_\_\_\_

Do you smoke: Yes \_\_\_ No\_\_\_

Vape: Yes \_\_\_ No\_\_\_

### EDUCATIONAL BACKGROUND

Field of Study: \_\_\_\_\_

Occupational History: \_\_\_\_\_

Did you serve in the Armed Forces? Yes \_\_\_ No\_\_\_

UPBRINGING

Siblings: Yes \_\_\_ No\_\_\_ Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

WHAT FAMILY SUPPORT DO YOU HAVE?

Children: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Do they live in the Grand Traverse region? Yes \_\_\_ No\_\_\_

NEIGHBOR SUPPORT

Do you have a neighbor you could call in an emergency? If yes, please provide their name and phone Number: \_\_\_\_\_

How often do you see family members or friends?

- Daily
- Weekly
- Monthly
- At the Holidays
- Rarely

What is your church/religious affiliation (if any):

\_\_\_\_\_

What is Your Ethnicity? \_\_\_\_\_

Please List any Special Considerations We Should Know About?\_\_\_\_\_

Are you affiliated with any other organizations for services (please list)?

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

Have you ever volunteered with ShareCare? Yes\_\_\_No\_\_\_

Are you interested in volunteering? Yes\_\_\_ No\_\_\_

How do you like to relax? \_\_\_\_\_  
\_\_\_\_\_

What is most important to you in maintaining your health and happiness?

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

Who is Your Primary Doctor:\_\_\_\_\_

Are there other doctors that you see on a regular basis? For example, a neurologist, urologist, endocrinologist or cardiologist? (Please list):

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Please check any of the following medical conditions that apply to you.

Vision

- Corrective Lenses
- Macular Degeneration
- Glaucoma
- Cataracts

Hearing

- Hearing Loss
- Hearing aids

Other

- Loss of Smell
- Loss of Taste
- Dentures
- Incontinence
- Substance Use/Abuse

Please list your current medications:

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Do you have chronic pain? Yes\_\_\_ No\_\_\_

If Yes, where do you experience chronic pain?:

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What surgeries have you had, if any?:

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Do you have any mobility challenges? Yes\_\_\_No\_\_\_

Have you had any recent falls? Yes\_\_\_\_ No\_\_\_\_

Do you use any assistive devices (check all that apply)

- Cane
- Walker
- Wheelchair
- Grab Bars
- Removable Showerhead
- Shower Chair
- Shower Bench
- Toilet Riser

What therapies do you utilize? (check all that apply)

- Psychological Support
- PT  
How Often: \_\_\_\_\_
- OT  
How Often: \_\_\_\_\_
- Massage
- Chiropractic
- Acupuncture/pressure

What is your daily routine?

Time Awake: \_\_\_\_\_

Do you require someone to wake you? Yes \_\_\_ No\_\_\_

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Nap? \_\_\_\_\_

Dinner: \_\_\_\_\_

Bedtime: \_\_\_\_\_

Are you lonely or sad? Yes\_\_\_\_ No\_\_\_\_

Do you feel safe in your home? Yes\_\_\_\_ No\_\_\_\_

How often do you feel overwhelmed?

- Daily
- Weekly
- Every So Often
- Never

Do you require any assistance with any of the following activities? (check all that apply)

- Dressing
- Bathing
- Meal Prep
- Medications
- Transportation
- Laundry
- Dishes
- Lawn Care
- Snow Removal

What are the chores you continue doing:

\_\_\_\_\_

Are there chores you can no longer do that you used to do:

\_\_\_\_\_

Do you still drive? Yes\_\_\_\_ No\_\_\_\_

What activities do you most enjoy? \_\_\_\_\_

What is your favorite music? \_\_\_\_\_

Are you interested in attending any social events? \_\_\_\_\_

Which of following do you have in your home: (check all that apply)

- Landline phone
- Cell phone
- Internet
- Computer
- Smoke Detectors
- Carbon Monoxide Detector
- Generator
- Stairs to an Upstairs or Basement
- Steps into Home
- Ramps
- Decks
- Narrow Doorways
- Area rugs
- Clutter
- PERS-Personal Emergency Response Services/Lifeline

Do you stay in Leelanau County in the Winter? Yes\_\_\_ No\_\_\_

If No, please provide the approximate dates you are NOT here

From \_\_\_\_\_ To\_\_\_\_\_

Winter Address/Phone:\_\_\_\_\_

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How can ShareCare best support you?

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## For Office Use (SERVICES ASSESSMENT)

Volunteer Services: (check all that apply)

- Transportation
- Grocery Pickup and delivery
- Prescription Pickup and Delivery
- Phone Reassurance Program
- Friendly Visitor
- Spring Yard Clean Up
- Fall Yard Clean Up
- Meals
- Minor Home Repair
- Pet Care (emergencies only)
- Technology Assistance
- Family Caregiver Program
- Respite

Staff Services: (check all that apply)

- RN Home Visit
  - Memory Loss Support Group
  - Educational & Wellness Workshops-
- Specific Requests:\_\_\_\_\_
- Durable Medical Equipment

Agency Referrals: (check all that apply)

- LCSS
- Area Agency on Aging
- Commission on Aging
- Pace North
- Fire Dept
- Home Care
- Facility

## INSTRUCTIONS ON HOW TO USE THE FILLABLE PDF

To open and complete a fillable PDF form, you will need Adobe Reader. If you do not have it installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>

It's recommended that you first download/save the PDF form to your computer and then open it with Adobe Reader and fill it. It is not recommended to use any web browser to open the form.

### How to download/save the fillable PDF to your computer:

Click on the form link, it will automatically download it to your computer. Then go to your download folder, click on the file and then save it to your download folder or you can choose a folder on your computer.

Go to the downloads folder or the folder you chose on your computer. Double click on it and it should open in adobe acrobat. From there, you can click on the fields and fill out the form.

Once you've filled out the form, save it to your computer. You can either print the completed form and mail it to: ShareCare, PO Box 937, Leland, MI 49654 or you can email it to: [info@sharecareleelanau.org](mailto:info@sharecareleelanau.org)