

Avonlea Companions

because everyone needs a kindred spirit

Client Intake Form

About Your Loved One

Full name: _____ Preferred name: _____

Date of birth / Age: _____ Phone number: _____

Address: _____

Living situation (alone / with spouse / care facility — name & room if applicable): _____

Emergency & Health Information

Emergency contact name: _____ Relationship: _____

Emergency contact phone: _____ Backup contact & phone: _____

Family doctor: _____ Doctor's phone: _____

Allergies (food, medication, environmental — please list all) (cont.): _____

Relevant health notes (e.g. dementia, diabetes, mobility, hearing/vision) (cont.): _____

DNR or advance directive on file? (Y / N — if yes, please attach or describe): _____

Getting to Know Them

The better I know your loved one, the better our time together. Anything you share here helps me show up well.

Interests, hobbies, favourite topics of conversation (cont.): _____

Favourite snacks or treats — and any foods to avoid (cont.): _____

Pets in the home?: _____

Preferred days & times for calls / visits: _____

Anything that upsets them, or topics to avoid (cont.): _____

_____

How do they like to spend their time? (cont.): _____

_____

Anything else I should know? (cont.): _____

_____

Family Contact for Updates

Name: _____ Relationship: _____

Phone: _____ Email: _____

Preferred update method (call / text / email): _____

Sharing on Social Media (optional)

From time to time I share a little of Avonlea's world on Facebook and Instagram — always kindly, and never anything private. This is completely optional, and it changes nothing about your loved one's care either way.

- ☐ Yes — you may share photos of my loved one
- ☐ Yes — you may use their first name
- ☐ Yes — you may share a kind moment or story (first name only, never a last name)
- ☐ No thank you — please don't share anything about my loved one

You can change your mind at any time. Just tell me, and anything posted will come down.

> This information is kept strictly confidential and used only to provide safe, personal companionship. It is never shared except as described in the Service Agreement.

Completed by: _____ Date: _____