NEW CLIENT INTAKE FORM

NHC 23 | (724) 650-7243
nurturinghc23.com

Please complete this form and email it back to us at your convenience. All information is kept confidential.
Return completed forms to: officenhc@nurturinghandscare.org

PRICING - PLEASE READ BEFORE COMPLETING THIS FORM

Home Care Services (includes transportation to/from appointments): $60/hour for under 20 hours per week; $45/hour for 20+ hours per week.
Transportation-Only Requests (no home care services): This is handled separately through Lowe Willzz Transportation & Logistics, not Nurturing Hands Care.
We are currently accepting private pay clients only.

1. YOUR INFORMATION (PERSON COMPLETING THIS FORM)

Full Name: _____

Relationship to Client (if different): _____

Phone Number: _____

Email Address: _____

2. CLIENT / CARE RECIPIENT INFORMATION

Client's Full Name: _____

Client's Age: _____

Home Address: _____

Phone Number: _____

Email Address (if any): _____

Emergency Contact Name & Phone: _____

Client currently lives:

☐ Alone ☐ With family ☐ With a spouse/partner ☐ Other

Is there a primary caregiver already involved?

☐ Yes ☐ No

3. CARE NEEDS

Services needed (check all that apply):

☐ Companionship ☐ Bathing/Dressing ☐ Meal Preparation ☐ Light Housekeeping ☐ Medication Reminders

☐ Mobility Assistance ☐ Transportation to Appointments ☐ Other

If Other, please describe: _____

Mobility level:

☐ Fully mobile ☐ Uses a cane/walker ☐ Uses a wheelchair ☐ Bedbound

Any cognitive concerns (dementia, memory loss, etc.)?

☐ Yes ☐ No

If yes, please describe:

Known allergies or medical conditions caregivers should know:

4. SCHEDULE & DURATION

How Long Is Care Needed? (weeks/months/or _____

Preferred Start Date: _____

Preferred Days & Hours: _____

Approx. Hours Needed Per Week: _____

Would the client need transportation to and from appointments?

☐ Yes ☐ No

5. HOME ENVIRONMENT & PAYMENT

Are there stairs, pets, or safety hazards we should know about?

☐ Yes ☐ No

If yes, please describe:

5. HOME ENVIRONMENT & PAYMENT (CONTINUED)

Payment method:

☐ Private Pay (currently accepted)

Have you used a home care agency before?

☐ Yes ☐ No

How did you hear about Nurturing Hands Care?

☐ Referral ☐ Facebook/Social Media ☐ Flyer ☐ Google Search ☐ Other

If Other, please describe: _____

6. BEST TIME TO FOLLOW UP

Best Day/Time to Reach You: _____

Additional Notes or Questions:

Thank you for choosing Nurturing Hands Care.

Once we receive your completed form, we will contact you to schedule a free in-home consultation and discuss next steps.