

Pinnacle Caregivers – Client Assessment Form

1. Client Information

Full Name:

Date of Birth:

Address:

Phone Number:

Emergency Contact Name & Relationship:

2. Type of Caregiver Required

(Select the appropriate option)

Professional Registered Midwife (For maternity & childbirth support)

Registered Nurse (RN) (For medical-related care)

Carer / Nursing Assistant (For general caregiving, nanny duties, or elderly support)

Carer (For non-medical care, house chores, companionship)

3. Health Condition & Medical Needs

Primary Diagnosis (if any):

Any Chronic Illnesses (e.g., diabetes, hypertension):

Mobility Status:

Independent

Needs Assistance

Bedridden

Medications & Dosage:

Allergies:

4. Care Needs & Personal Assistance

(Check all that apply)

Personal Care (bathing, dressing, hygiene)

Mobility Support (transfers, walking assistance)

Meal Preparation & Feeding

Medication Reminder

Companionship

Light Housekeeping

Live-in Care / Shift-based Care

5. Special Requirements (For Maternity & Childbirth Services)

[] Prenatal Care

[] Postnatal Care

[] Breastfeeding Assistance

[] Newborn Care & Bathing

[] Postpartum Recovery Support

[] Sleep & Routine Guidance

Any previous pregnancy complications? (Specify):

6. Household Information

Number of people in the household:

Availability of a separate caregiver's sleeping space (for live-in care):

Does the client have pets? (Yes / No)

7. Preferred Caregiver Profile

Gender preference (if any):

Language preference:

Other special requests:

8. Assessment Conducted By

Name of Assessor:

Date of Assessment:

Signature: