

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: