

Home Care Matters

5609 Main St -Suite B, Flowery Branch, GA 30542, USA
770-965-4004



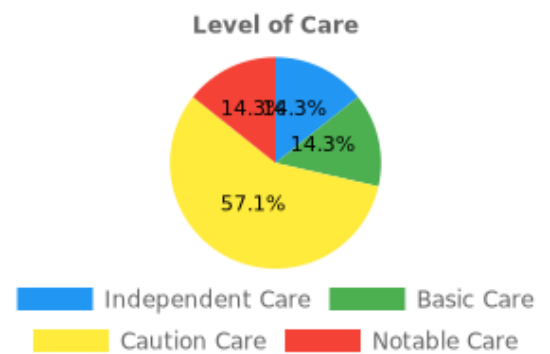
Hi Home Care Matters

You have a new quote from homecarequote.com as following:

Quote Summary

- Quote Code: 2xhwwtgi6
- Created Date: 06/17/2022 5:20:02 pm

Rate	Care Rate	Contagion Rate
Weekday Day Hourly	\$29.75	\$0.00
Weekday Night Hourly	\$29.75	\$0.00
Weekend Day Hourly	\$33.02	\$0.00
Weekend Night Hourly	\$33.02	\$0.00
Holiday Day Hourly	\$44.63	\$0.00
Holiday Night Hourly	\$44.63	\$0.00



Note:

Quote Details

Question	Answer
Language preference	English
Who is filling out this form?	Staff
Name of staff member?	Valerie Darling
Do you want to create a new quote or a reassessment quote?	Brand New Quote
Who is receiving care?	Someone else
What is the caller's name?	Jane Doe
What is the caller's phone number?	770-555-5555
What is the caller's email?	janedoe@email.net
Relationship	Wife
Care recipient name first/last	John Doe
Care recipient DOB	01/01/1938
Source/How did you hear about us?	Other - rehab social worker - Mary Doe
How do you plan to pay for your care?	Private Funds Veterans Aid & Attendance
Property type	Home

Question	Answer
Service address: Street,Apt/Suite,City,State,Zip	123 Main Street, Anywhere, US, 00000
Subdivision/Community name (optional)	Main Street Subdivision
Gated community?	Yes - go to gate & give name for entry
Services	Companion/Sitter Personal care
What days will you require services?	Monday Tuesday Thursday Saturday
How many daily hours are needed? (Note all hours must be consecutive)	6-12 hours
How soon are you looking to start services? (optional)	07/25/2022
General Concerns	Activities of Daily Living (ADLs) Instrumental Activities of Daily Living (IADLs) Companionship Fall risk Medication reminder Toileting Transportation Pet care
Transportation	Has car - Requires transportation assistance
Pet care	Single pet minimal care
Contagions	None
Eating	Requires minimal physical assistance and/or verbal prompts to eat. Individual has difficulty attending to task and/or needs direct physical help due to decreased motor skills.
Ambulation/Mobility	Requires occasional assistance or cueing with ambulation and/or occasional reminders for use of mobility related assistive device.
Assistive devices	Bedside commode Cane Rollator/Walker Wheelchair Oxygen
Transfers	Physical assistance of one person for safe transfers
Toileting	Incontinent, may require scheduled toileting or use of incontinent briefs
Incontinent	Bladder
Bathing	Requires assistance with bathing
Nutrition	With ideal body weight, accepts diet without problems
Injuries	Bruises or cuts 3-4 times per year requiring medical intervention
Falls	4-6 falls in the last year
ER visits	1 visit to the ER for acute illness or injury in the last year

Question	Answer
Hospital admissions	Hospital admission for acute illness in the last year
Medical conditions	Cancer Chronic Obstructive Pulmonary Disease (COPD) Dementia/Alzheimer's Diabetes
Medications	Requires multiple medications
Pressure/Sores	None
Treatments	Diabetic requiring insulin treatment Chemotherapy
Other professional/Medical services being provided	Physical therapy Speech therapy
Is the client currently in the hospital or rehab?	Yes
What is the expected discharge date? (optional)	07/25/2022
Name of hospital or rehab (optional)	Anywhere US Rehab
Ready to schedule in home appointment?	Yes
What's the best time to contact?	06/20/2022 02:00 PM
Primary care physician: Name (optional)	Looking for a new one
Personal Interests	Military experience - Former Marine Pilot
Would you like to leave any additional notes? (optional)	please call me on my cell at 770-555-5555 to discuss care for my husband.
Do you want to add an additional person?	Other person(s) in the household - no care required

Pie Chart Definitions of Care Spectrum

- Independent Care:** Independent in activities of IADL's & ADL's. Minimal care required. Basic home care/companion activities. Primarily companionship. (6+ hours of care recommended depending on family commitment for additional, supplemental help.) (Must consider agency hourly/weekly minimums)
- Basic Care:** Primarily able to be independent with IADL's & ADL's. Basic home care/companion care with a minimum oversight or help. (6+ hours of care recommended, must include family commitment for additional, supplemental help & care). (Must consider agency hourly/weekly minimums)
- Caution Care:** Several areas of ADL's/IADL's indicating many conditions requiring additional help & oversight for safety. Continued independence requires oversight. (6-12 hours of care recommended plus, must include family commitment for additional, supplemental help & care)
- Notable Care:** Majority of conditions & needs require significant help & oversight for safety & daily functions. Lack of self-abilities in most ADL's/IADL's to remain independent on their own. Significant safety concerns. Recommend 12-24 hours of care & all care be supervised with continual care supervised by agency or family. (Care must include family commitment for additional, supplemental care.)

Acute Care:

All needs require constant aid or assistance to complete. Lack of abilities to provide personal care & functions. All basic care of ADL's & IADL's require oversight & assistance for basic quality, safety & dignity. (12-24 hours of care recommended & must include family commitment for additional, supplemental help & care.)

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