

Go-Fors, Inc. TOO

P O Box 94324 Albuquerque, NM 87199-4324

Phone: (505) 332-1919

Fax (505) 332-0190

Email: Info@GoForsToo.org

CLIENT ASSESSMENT INFORMATION

Date: _____ **Completed by:** _____

Name: _____ **F / M Telephone:** _____

Name of Facility: _____ **Facility Telephone:** _____

Street: _____ **City, State, Zip:** _____

Directions to location: _____

PERSONAL INFORMATION

Marital Status: Married: ____ Single: ____ Widowed: ____ Birthday: _____

Living Status: House: ____ Facility: ____ Group Home: ____ Nursing Facility: _____

Pets: Dog: _____ Cat: _____ Bird: _____ Other: _____

Health: Ambulatory: ____ Cane: ____ Walker: ____ Wheelchair: ____

Wheelchair for safety or distance: _____

Health Concerns: _____

Medications: _____

Allergies: _____

SERVICES

Primary individual who will

Schedule appointments: _____ **Telephone:** _____

Type of Services requested: Medical: ____ Grocery: ____ Salon: ____ Outings: ____

If medical appointments, please indicate medical ID number: _____

Day, Date Time, Location of upcoming appointments: _____

Emergency Contact Name: _____ **Relationship:** _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

Street Address: _____ **City, State, Zip:** _____