



## Questionnaire

Please fill out the questions below and send it back to us.

Your answers will provide us with important detailed information for your care placement contract. **Thank you!**

### Client

Last Name: ..... First Name: .....

Address: .....

Date of Birth: .....

Phone Number: ..... Fax Number: .....

### Individual in need of the help

Last Name: ..... First Name: .....

Address: .....

Date of Birth: ..... Height: .....

Phone Number: ..... Weight: .....

### Have you previously been looked after?

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### How many people live in your household?

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### How many people do you want us to care of?

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### When is the desired start day for our services?

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**What kind of help do you need?** (Home, shopping, pets, personal hygiene, etc.)

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**Is regular aftercare necessary?**

Yes  No

**How much time do you want for your care?** (Half day, full day, 24 hours)

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**Please let us know what the present health conditions are** (Wheelchair, Stroke, dementia, senile, etc.)

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**Do you have any pets, which you wish us to look after?**

Yes  No

If yes, what kind?

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**What do you like - what are your interests and hobbies?**

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**What expectations do you have of our caregivers?** (Language, gender, animal lover, etc.)

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**Should your caregiver have a driver license?**

Yes                       No                       Indifferent

**Do you already receive support from a legal representative or volunteer?**

Yes                       No

**If yes,** please provide us with the name and address of this legal representative or volunteer (Copy of Care Giver ID if possible)

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**Is there something else you want us to know or you want to inform us of?**

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Date, location

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Signature of Client

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Signature of Care placement mediator