



New and Returning HCC Client: Intake Form

Date:

Legal Name of client desiring services:

Chosen Name of client:

Name (+ relationship) of person requesting services (if not client):

Best contact name + number:

Home Care Only Referral	OT Only Referral	Home Care & OT Referral
-------------------------	------------------	-------------------------

Services Desired

--

Comments / Follow-up

Form completed by: _____

For Official Use Only:

Date followed up/by who: _____

Client address: _____

Date of assessment: _____