

**FRIENDS OF SENIORS
CLIENT INFORMATION**

DATE _____
LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ ZIP _____
DIRECTIONS _____
TELEPHONE _____ DATE OF BIRTH _____

EMERGENCY CONTACT: NAME _____
ADDRESS _____
TELEPHONE(S) _____ RELATIONSHIP _____

SERVICE REQUESTED

TRANSPORTATION DIALYSIS
SHOPPING RESPITE VISITING TELEPHONE

PRIMARY CARE PHYSICIAN _____

PHYSICAL LIMITATIONS _____

On Medicaid? Oxygen? Wheelchair? *If yes, no transportation.*

Church Affiliation Yes ___ No ___ If yes, name of church _____

REFERRAL INFORMATION

NAME _____ AGENCY _____

COMMENTS:

For cancellations, please call the cell phone @ 240-0241 if you don't reach a person in our office

No volunteer last names or phone numbers
Only 1 appointment per week.

ALL contact, questions, changes MUST go through FoS Office or Cell.
2 weeks notice for appointments.