

LIFT: Initial Meet & Greet Form

Recorder name:	Date:
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Recipient name:	DOB:
Address:	Cross streets:
Phone: (home) (cell)	Email:
Living situation (circle): alone / with family / other:	

Emergency contact #1/primary caregiver:	Relationship:
Phone: (home) (cell)	Email:
Emergency contact #2/secondary caregiver:	Relationship:
Phone: (home) (cell)	Email:
Primary physician name:	
Phone:	Address:
Pharmacy:	
Phone:	Address:

PROPOSED VISIT SCHEDULE: (recipient preference) – circle

One hour per week / Every 2 weeks / Monthly / As needed

- Best day(s) of week: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
- Best time(s) of day: (to call) _____ (to visit) _____

INTERESTS: (music, art, games, puzzles, reading, pets, woodworking, gardening, baking, history, theology, etc.)
TASKS: (visiting, light housework, light yard work, errands, meal prep, etc.)

GENERAL HEALTH INFORMATION:

Food allergies or restrictions – Y / N (explain)

Diabetes – Y / N

Mobility – wheelchair / cane / walker / ambulation assist / other:

Transportation needs – Y / N

Hearing or vision problems – Y / N

Open to “pet therapy” (bringing a pet to visit you on occasion) – Y / N / allergies:

Other important health info:

Prayer requests / needs:

Q. Can we share any practical needs you have with the LIFT team? – Y / N

IDENTIFIABLE NEEDS:

Spiritual needs:

Physical needs:

Benevolence:

Meals:

House help:

Yard help:

Other:

Notes:

NOTES for Recorder:

- Please let the LIFT Coordinator know about any **NEW IDENTIFIABLE NEEDS** so they and/or church staff can follow-up with these needs.
- If you have any **questions** or **concerns** after visiting with your care recipient, or if you feel further needs are being expressed by the primary caregiver, please reach out to the LIFT Coordinator(s) as soon as possible. Thank you.

LIFT Coordinator:

Contact info:

Assigned LIFT Contact Person:

Phone: (home)

(cell)

Email: