



D's Selective Placement

120-1560 Brimley Rd Scarborough, ON M1P 3G9

Tel: 647 351 1222; Email: selectiveplacement@live.ca

Application for a Health Care Worker

Last Name	First Name	Middle Name
Home Address	City	Postal Code & Province
Telephone	Contact Person	Relationship to Client
Client's date of birth	Age	Gender
Major Intersection	Date	Start of Service

Life History:

Ethnicity	Place of birth	Languages spoken
Language Spoken at home:	Languages you can read	Past Occupation
Current Occupation	Recent Changes	Recent losses
Past Leisure interests	Current Leisure Interests	Current hobbies
Past Hobbies		Other

Family History

Husband Name	Wife Name	Private caregiver name
Members of the family	Son	Daughter
Family Structure	Client sexual orientation (optional) <input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Transsexual <input type="checkbox"/> Bi-sexual	Is there any other information about the family you would like to provide?



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CLIENT'S NEEDS AND ABILITIES AND SELF CARE SKILLS

Help us provide individualize care by putting a check mark in the areas that applies to the applicant.

Needs	Independent	Requires Assistant	Dependant
Toileting			
Incontinent (wear disposable)			
Continent (wear regular underwear)			
Mobility			
Wheel chair			
Walker			
Ambulatory			
Transfer			
Feeding			
Mouth care after meals			
Exercise			
Dressing			
Making choice of clothing			
Comb hair/brush			
Tie shoe laces			
Put on shoes			
Shower / bath			

Is there any limitation with the following?

<u>Limitations</u>	<u>Explanation</u>
Right /left hand	
Right/ left leg	
Right / left arm	
Right/left shoulder	
Right/left foot	
Neck	
Back	
Mouth/jawbones	
Swallowing	

Chewing	
Bending	
Stretching	
Standing	
Sitting	
Special Diet	

Is there any special requirement that should be included in the client care plan?

YES NO

If yes please write in details.

Social skills and communication skills

Social Interaction:

- withdrawn Easily Upset Adapts Easily Shy
 Outgoing friendly Cooperative Leader
 Disruptive

Method of communication:

- Verbal Sign language Body language Pictorial board
 Computer Gestures Bliss symbols other_____

Clarity of communication:

- Clear unclear Receptive verbal communication:



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Very Good Good

Fair

Poor

Are there any known behaviour/behaviour risk?

(Explain) _____

Are you receiving any therapy for the behaviour? Yes No

Will you need assistance to receive therapy for the behaviour? Yes No

Cognitive/Intellectual Skills

Orientation- ability to recognize and remember the following:

Time Dates Season Person

Day Environment Past Events Recent Events

Memory: Good Fair Poor

Does the client use any of the following assistive devise?

Eye Glasses Hearing Aide Cane Walker

Wheelchair other _____

Signature of Client/

Substitute Decision Maker

Print Full Name Here

Print Full Name Here

Date

Date