



(747)-229-6047

(310) 498-1983

1420 W. 22nd St.,
Los Angeles, CA 90007

foster@fwhhomecare.com

CLIENT INQUIRY

Inquiring person: _____

Prospective Patient: _____

Case: _____

Address: _____

Contact Number: _____

Type of Services Needed:

- ☐ Assistance in ADL (Activities of Daily Living)
- ☐ Client is ambulatory Medication reminder
- ☐ Lifting (Client is non-ambulatory or bed-ridden)
- ☐ Complete bed bath or shower
- ☐ With Hoyer lift assistance
- ☐ Client has Alzheimer/ dementia/ Parkinson's/ multiple sclerosis Vital Signs
- ☐ Monitoring (blood pressure, blood sugar, temperature) Incontinence Care
- ☐ Toileting/ Diaper Change
- ☐ Dressing up
- ☐ Empty Folly Catheter or Colostomy bag
- ☐ Repositioning
- ☐ Skin Care & Prevention of Skin Breakdown
- ☐ Meal Preparation & feeding according to the plan of care



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- ☐ Gastric tube, transfer from bed to W/C or from W/C to bed
- ☐ Restorative care – Range of Motion & Exercises, Assist walking with cane, walker, or crutches
- ☐ Light Housekeeping & laundry
- ☐ Driving to medical appointments
- ☐ Driving for grocery, shopping, salon

Required Homecare Duty Days and Time Schedule:

- ☐ Live-in (24 hours)
- ☐ 2 Shifts @ 12-hour shift (7 am to 7 pm; 7 pm to 7 am of next day)
- ☐ 2 shifts @ 8-hour shift (6 am to 2 pm; 2 pm to 10 pm)
- ☐ Other schedule:



CONTACT US

e-mail: foster@fwhhomecare.com

Telephone: 747-229-6047; 310-498-1983

WE ARE AVAILABLE TO ANSWER YOUR CALL 24-HRS, 7 DAYS A WEEK

www.fwhhomecare.com