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## 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

