

Senior Caregiver/ Companion Job Order for Non-Medical and Personal Care

Name _____ Date _____

Address _____
 _____ Phone _____

Client's Condition (physical and emotional) _____

Members in Family	Age	Situation

Job Description

Personal Care:		House Cleaning:	
Bath		Change bed	
Shampoo		Vacuum	
Shave		Bathroom	

Shower		Kitchen	
		Laundry	
		Other	
Assist in Movement:		Driving:	
In bed: turn, etc.		Food shopping	
Transfer-bed to chair		Errands	
Assist walking		Transportation	
Meal Preparation:		Companion:	
Meal planning		Interests	
Meal preparation			
Special diet			
Other			

Days _____ Starting Date _____

Hours per Day _____ Length of Job _____

Physician _____

Travel Directions _____
