"Your Health & Happiness, Our Priority"

Client Intake Form

Date of Intake: _____

Client Information

- **Full Name: _____**
- **Preferred Name: _____**
- **Date of Birth: ___/___/_____**
- **Phone Number: _____**
- **Email: _____**
- **Address: _____**
- **Emergency Contact Name & Relationship: _____**
- **Emergency Contact Phone Number: _____**

Meal Preferences & Dietary Needs

- Do you have any food allergies? ☐ Yes ☐ No
  - If yes, please list: _____
- Do you have any dietary restrictions? ☐ Yes ☐ No
  - If yes, please specify: _____
- What type of meals do you prefer?
  ☐ Home-cooked ☐ Pre-packaged ☐ No preference
- Any cultural or religious meal preferences? _____

Health & Mobility

- Do you have any health conditions we should be aware of? ☐ Yes ☐ No
  - If yes, please describe: _____
- Do you have any mobility concerns? ☐ Yes ☐ No
  - If yes, please explain: _____
- Do you require any special accommodations? ☐ Yes ☐ No
  - If yes, please specify: _____

Companionship Preferences

- How often would you like a meal companion?
  ☐ Weekly ☐ Bi-weekly ☐ Monthly
- Do you have any pet allergies? ☐ Yes ☐ No
- Would you prefer a companion of a specific gender? ☐ Yes ☐ No
  - If yes, specify: _____
- What topics or activities do you enjoy discussing?
  ☐ Hobbies ☐ Sports ☐ Current Events ☐ Books ☐ Music ☐ Other: _____

Additional Support Needs

- Would you like assistance with:
  ☐ Grocery Shopping ☐ Light Housekeeping
  ☐ Transportation ☐ Other: _____

Consent & Agreement

I understand that *Meals with a Friend* is a volunteer-based service that provides companionship and meal-sharing opportunities. I acknowledge that my participation is voluntary, and I release *Meals with a Friend* from any liability related to this program.

Client Signature: _____ Date: ____/____/____
Staff/Volunteer Signature: _____ Date: ____/____/____