



Compassionate and consistent care at your doorstep...

Participant Intake Form

Participant Information

Full Name:

Preferred Name:

Phone Number:

Email:

Home Address:

Emergency Contact

Full Name:

Relationship:

Phone Number:

Email:

Medical & Health Information

Diagnosis

- Developmental Disability
- Autism Spectrum
- Physical Disability
- Cognitive Impairment
- Dementia
- Others:

Mobility Status

- Independent
- Uses Walker
- Uses Wheelchair
- Requires Staff Assistance



Phone

+1 (647) 917-7795



Email

contact@neocare.ca



Address

3085 Hurontario Street Suit
206 Mississauga ON,
L5A2G4 Canada



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Allergies:

Medications (if administered during program hours):

Dietary Restrictions:

Does participant require 1:1 support?

- Yes
- No
- Not Sure

Behavioral or Sensory Considerations:

Daily Support Needs

- Personal hygiene reminders
- Toileting assistance
- Feeding assistance
- Medication reminders
- Mobility transfers
- Communication support
- Emotional regulation support

Additional notes:



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Interests & Preferences

What activities does the participant enjoy?

- Painting / Arts & Crafts
- Music
- Dancing
- Light Exercise
- Board Games
- Social Activities
- Gardening
- Drama / Role Play
- Quiet Activities

Other interests:

Consent & Agreement

- I confirm that the information provided is accurate.
- I consent to NeoCare staff providing supervised activities and support.
- I understand that this program is not a medical facility.
- I consent to emergency medical care if required.

Media Consent

- I give permission for NeoCare to use photos/videos for promotional purposes.
- I do not give permission.

Signature (Guardian/Participant):

Date:



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