Loving Hearts of LA
Personal Care Attendant Services
Home is Where the Loving Heart is

Date: _____ Loving Hearts Location: **Lafayette**

Referring Source

Agency/Hospital/Facility:_____ Person of Contact: _____

Phone: _____ Fax: _____ Email: _____

Client Name: _____ Date of Birth: _____

Guardian/Representative: _____ Phone: _____

Address: _____

Insurance Provider: _____

Race: _____ Ethnicity: _____ ☐ Female ☐ Male

Services Requested (Please check all that apply):

☐ Waiver Services

☐ Respite

☐ Private Pay

☐ Long Term - Personal Care Services

LoCET called in: ☐ Yes ☐ No

PLEASE PHONE, FAX, OR DELIVER REFERRAL AND INFORMATION TO LOCAL LOVING HEARTS OF LA OFFICE:

101 La Rue France, Suite 201
Lafayette, LA 70508
Office: 337-233-7250
Fax: 337-233-7104

Email: info@lovingheartsofla.com

To be completed by Loving Hearts staff.

LH Intake Contact: _____ Date of Initial Contact with Client: _____

Initial Assessment Appointment: ☐ Yes ☐ No If Yes, Date: _____ Time: _____

Comments: _____

_____

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Current medication:

_____

Other notes:

_____

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