

**arrangeCARE** PC  
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 Fax: 512-243-6262  
 EIN 80-0320807  
 leahc@arrangecare.com  
 www.arrangecare.com



**INITIAL INFORMATION**

Date \_\_\_\_\_ Referred by (Person/Company) \_\_\_\_\_

Your Name \_\_\_\_\_ Landline \_\_\_\_\_

Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Client Name \_\_\_\_\_ Your Relationship to Client \_\_\_\_\_

HOW MAY WE HELP YOU? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT INFORMATION**

Name \_\_\_\_\_ Phones \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

DOB	Gender	Spouse/Partner
Age Now	Marital Status	Date of Change
SSN	Employment Status	
Medicare #	Veteran?	Service-connected disability?
Medicaid #	Religion	
Ethnicity	Living Environment	
Language(s)	Long Term Care Insurance	
Medicare Coverage (e.g., A, B, D)		Type of Medicare Plan
Medicare Supplemental Policy		
Public Benefits (e.g., Medicaid Waiver Programs; Medicare Special Help)		



**LEGAL**

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Guardian \_\_\_\_\_ Type of Guardianship \_\_\_\_\_  
Address \_\_\_\_\_ Phones \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

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**Others Involved (Family, Friends...)**

Name	Relationship	Phone/Email

**Primary Medical Provider**

Name	Phone/Email

**Other Medical Providers (MDs, Dentists, Hospitals, Home Health Agencies, DME, etc.)**

Name	Phone/Email

**Durable Medical Equipment (DME) and/or Assistive Devices Used (e.g., eyeglasses, walkers, canes, wheelchairs, hearing aids, communication devices, prostheses)**


**Non-Medical Providers (e.g., Attorneys, Accountants, Trust Officers, Social Service Agencies)**

Name	Contact Info

**Private Insurance Detail (Long-term Care, Medicare Supplemental, etc.)**

Carrier	Policy Type	Group & Policy Number	Phone Number

**As applicable, please check off and provide copies of the patient's:**

- Do Not Resuscitate Order \_\_\_\_\_
- Durable Power of Attorney for Health Care \_\_\_\_\_
- Guardianship Orders \_\_\_\_\_
- Other Probate Orders \_\_\_\_\_

*Please return completed form and attachments to arrangeCARE<sup>PC</sup>*