



Friendship Connection Companion Program

A friend makes a difference!

CLIENT PROFILE

Client's General Information

Client Name: _____

Client Address: _____

Geographic Location Closer to: (circle one) Saanich Silver Threads Victoria Silver Threads

Client Phone #: _____

Client DOB: _____ Sex: Male: _____ Female: _____

Caregiver/Guardian Information/Authorization

Caregiver's Name: _____

Caregiver's Address: _____

Caregiver's Phone # - Home: _____ Work: _____

Caregiver's Email: _____

Caregiver's Relationship to Client: _____

Caregiver Authorization to Act for Client: _____

IN CASE OF EMERGENCY – MOBILE: _____

Client's Hobbies and Interests

What hobbies does the client have? _____

Does the client have any current or past interests? _____

Are there any specific activities that the client is currently engaged in or have been in the past?

Other hobbies, activities or general interests: _____

Safety Needs

Are there any specific safety needs we or the companion should be aware of? _____

Gender Matching

Would your loved one prefer a male or female companion? _____

Communication

1. Does the Client respond to verbal guidance? Yes/No/Some

2. Does the Client respond to guidance by gesture? Yes/No/Some
3. Does the Client remain oriented to Time? Yes/No/Somewhat
4. Does the Client recognize familiar persons and faces? Yes/No
5. Does the Client have knowledge of current events? Yes/No/Some
6. Does the Client tend to re-live events in his/her life? Yes/No
7. Does the Client suffer from frequent personality and emotional changes? Yes/No
8. Does the Client suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?) Yes/No
9. How good is the Resident's communication ability? None/Poor/Fair/Good/Excellent
10. Has the Client ever shown a tendency to wander? Yes/No
11. If yes, how many times? _____ When was last incident? _____
12. Any details of wander incident we need to be aware of:

IN CASE OF EMERGENCY

Client's Medical Condition(s): _____

Client takes Medication(s) for: (please circle) Heart Stroke High Blood Pressure Diabeties Dementia
 Other: _____

Consequences of NOT taking medications? _____

Any allergie(s): _____

Physician _____ Phone No. _____

Support Friendship Connection

All programs/services offered through We Rage We Weep Alzheimer Foundation operate on a donation basis. The suggested donation to participate in the Arts & Alzheimer's program is \$50.00. Funds provide a membership to Silver Threads Service. As we are a registered charity you will receive a tax receipt for your contribution. Thank you so much for making a difference in day to day lives providing a "friendship connection" because a friend makes a difference.

To make your contribution

Please go to www.weragewweep.com & click on



or

Make your cheque or money order payable to
 We Rage We Weep Alzheimer Foundation and mail to:
 707-828 Rupert Terrace
 Victoria, BC V8W 0A7

Easing the burden of care giving – one family at a time

707-828 Rupert Terrace Victoria, BC V8W 0A7

(250) 920-9573

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