Ridings Case Management & Fiduciary Solutions
P.O. Box 49375
Sarasota, Fl 34230
(941) 320-4630

Intake and Referral

Thank you for requesting the services of Ridings Solutions. Although all the information asked for on this form may not be available at the time of the referral, please fill out as completely as possible.

Date: _____

CLIENT INFORMATION

Client's Name _____ Also Known As: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____ Race: _____

Birth Place (if known): _____ Religion: _____ U.S. Citizen: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower Name of Spouse: _____

SSN: _____ - _____ - _____ Primary Language: _____ County of Residence: _____

Current Location: _____

Current/Previous Occupation _____

If facility, admission date: _____ Phone: _____

REFERRAL SOURCE

Category (check the appropriate one): ☐ Nursing Home/ALF ☐ Hospital ☐ State Agency ☐ Family

☐ Home Health ☐ Law Enforcement ☐ Court ☐ Other

Name of Agency: _____

Contact Person: _____ Relationship to Client: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

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Current needs/reason for referall *(Please be specific.. Attach additional sheets if necessary.)*

_____

_____

_____

_____

_____

_____

Examples of Client's behavior (*Attach additional sheets if necessary)*:

_____

_____

_____

MEDICAL

Primary Physician: _____ Telephone: _____

Address: _____

Specialist: _____ Telephone: _____

Address: _____

Specialist: _____ Telephone: _____

Address: _____

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Psychiatrist: _____ Telephone: _____

Address: _____

Diagnosis: _____

Prognosis: _____

Long Term Plan: _____

Allergies: _____

Medical History: _____

Mental Status / Level of Functioning: _____

LEGAL/ESTATE PLANNING Attach copies (if available)

Client's Attorney: _____ Phone Number: _____

Power of Attorney: ☐ Yes ☐ No

Name of POA: _____ Contact Number: _____

Address of POA: _____

Is there a Health Care Surrogate: ☐ Yes ☐ No ☐ Unknown

Name of HCS: _____ Contact Number for Surrogate: _____

Address of Surrogate: _____

Does client have a will: ☐ Yes ☐ No ☐ Unknown Location: _____

Is there a trust? ☐ Yes ☐ No ☐ Unknown Location: _____

Name of Trustee: _____ Contact Number: _____

Address of Trustee: _____

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Advanced Directives: ☐ Yes ☐ No ☐ Unknown Location: _____

Is there a living will? ☐ Yes ☐ No ☐ Unknown Location: _____

Are there burial plans? ☐ Yes ☐ No

With whom and Contact Number: _____

FINANCIAL

Monthly Income: SS $_____ SSI $ _____ SSDI $ _____ Pension $_____

Annuities _____ VA $_____ Veterans ID: _____

INSURANCE

Medicare No.: _____ Medicaid No.: _____ Other Insurance: _____

ASSETS / PROPERTY (Including Property, Bank Accounts/Trusts/Automobiles/Life Insurance, etc.)

Real Estate: ☐ Yes ☐ No Location: _____ Approx. Value: $ _____

Automobile: ☐ Yes ☐ No How Titled: _____ Approx. Value: $ _____

Investments: Type: _____ Approx. Value: $ _____

Bank Accounts:

Name of Bank: _____ Approx. Value: $ _____

Address: _____ Telephone: _____

Name of Bank: _____ Approx. Value: $ _____

Address: _____ Telephone: _____

DEBTS:

Mortgage: $_____ Credit Cards: $_____ Car Loans: $_____

Medical Bills: $_____ Other Debt: $_____

RESIDENCE

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Permanent Address: _____

Anyone Living with Client? ☐ Yes ☐ No Name: _____

Relationship: _____ Telephone: _____

FAMILY/SIGNIFICIANT OTHERS:

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

COMMUNITY RESOURCES INVOLVED WITH CLIENT:

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

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Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

If for Guardianship, who will petition the Court for the Guardianship?

Name: _____ Telephone: _____

Address: _____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RETURN COMPLETED FORM TO

RIDINGS CASE MANAGEMENT & FIDUCIARY SOLUTIONS

P.O. Box 49375, Sarasota Fl 34230

anne@ridingssolutions.com