**🌿 Lady Byrd Express – Client Intake Form** *Companionship & Wellness Support Services*

**👤 Personal Information**

* Full Name: [\_\_\_\_\_\_\_\_\_\_]
* Date of Birth: [\_\_\_\_\_\_\_\_\_\_]
* Phone Number: [\_\_\_\_\_\_\_\_\_\_]
* Email Address: [\_\_\_\_\_\_\_\_\_\_]
* Home Address: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**🚨 Emergency Contact**

* Name: [\_\_\_\_\_\_\_\_\_\_]
* Relationship: [\_\_\_\_\_\_\_\_\_\_]
* Phone Number: [\_\_\_\_\_\_\_\_\_\_]

**💬 Services Requested (check all that apply)**

☐ Companionship Visits ☐ Wellness Check-Ins ☐ Meal Prep Assistance ☐ Medication Reminders ☐ Transportation & Escorting ☐ Daily Wellness Package ☐ Weekly Wellness Package

**🗓️ Preferred Schedule**

* Days of the Week: [\_\_\_\_\_\_\_\_\_\_]
* Preferred Time of Day: [\_\_\_\_\_\_\_\_\_\_]
* Start Date: [\_\_\_\_\_\_\_\_\_\_]

**💛 Health & Wellness Overview**

* Relevant Medical Conditions: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
* Mobility Level: ☐ Fully Mobile ☐ Needs Assistance
* Special Dietary Needs: [\_\_\_\_\_\_\_\_\_\_]
* Allergies: [\_\_\_\_\_\_\_\_\_\_]
* Current Medications: [\_\_\_\_\_\_\_\_\_\_]
* Are there pets in the home? ☐ Yes ☐ No

**🚗 Transportation Needs**

* Will transportation services be needed? ☐ Yes ☐ No
* Typical Destinations: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**🎨 Personal Preferences**

* Personality Match Preferences (e.g., quiet, upbeat): [\_\_\_\_\_\_\_\_\_\_]
* Interests or Hobbies: [\_\_\_\_\_\_\_\_\_\_]
* Languages Spoken: [\_\_\_\_\_\_\_\_\_\_]
* Additional Notes or Requests: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**✅ Agreement & Signature**

☐ I understand this is a non-medical service and agree to the terms of service.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_