



Ph: 651-462-3444 Fax: 651-462-3032

Email: info@beyondbarriers.com

Evaluation Date: _____

Client Intake Form

Evaluation Time: _____

Client Name: _____ **Date:** _____

Primary Contact/Guardian (if applicable): _____

Contact Ph# _____ Contact Email: _____

Client Address: _____ **Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Ph#: _____ **Email:** _____

Age: _____ **Ht:** _____ **Wt:** _____ **Needs Caregiver?** Yes No **Walk?** Yes No **Stand?** Yes No **Transfer?** Yes No

Mobility Device: Power Wheelchair Manual Wheelchair Scooter Other: _____

Funding: Self Pay Medicaid Waiver Other: _____

Waiver Type: _____ **County:** _____ **Funding Deadline:** _____

Case Manager (if applicable)

Name: _____ **Ph #:** _____

Email: _____ **Fax:** _____

Type of Project: Bathroom Remodel Roll-in Shower Walk-in Tub Ceiling Lift Straight Stair Lift Curved Stair Lift

Vertical Platform Wheelchair Lift Inclined Platform Wheelchair Lift Power Door Opener Widen Doors Room Addition

Ramp Location of door to be ramped: _____ Other: _____

Is there a secondary bathroom that can be used by client? Yes No

Type of Building: Private Residence Group Home Commercial Apartment Mobile Home Rental

Landlord or Property Manager (if applicable): _____

Ph #: _____ **Email:** _____

How Did You Find Us?

Referral:

Health Care Provider Case Manager Equipment Manufacturer Other _____

Name or Organization (if applicable): _____

Internet Search Engine:

Google Yahoo Bing Dex Other

Online Directory:

Home Advisor Angie's List Yelp Minnesota Help Other _____

Print:

Print Ad Which publication or directory? _____

Brochure Where did you find our brochure? _____

In-Person:

Trade Show/Exhibit Where? _____

Other: _____