Welcome to Alongside

Please complete this form before your 90-minute Alongside Assessment.

This form usually takes 10-15 minutes. Share only what feels relevant. Alongside uses this information to prepare for a practical, family-centered conversation; it is not a clinical evaluation or diagnosis.

OLDER ADULT / PERSON RECEIVING SUPPORT

Full legal name

Preferred name

Date of birth

Home address

PRIMARY FAMILY CONTACT

Name

Relationship

Phone

Email

Where does the primary contact live?

OTHER PEOPLE INVOLVED

Names, relationships, and roles

Emergency contact

Emergency contact phone

What brings you to Alongside?

Help us understand the current picture and what would make the assessment useful.

What prompted you to contact Alongside now?

What are the three things you are most concerned about?

What is going well right now?

What would make this assessment feel successful?

CURRENT LIVING SITUATION

- ☐ Lives alone
- ☐ Lives with spouse/partner
- ☐ Lives with family
- ☐ Independent living
- ☐ Assisted living
- ☐ Other

Current support in the home or community

Health and coordination

Please share only the information that is useful for practical planning.

RECENT CHANGES

- [ ] Recent hospital, ER, or rehabilitation stay
- [ ] Recent fall or major safety concern
- [ ] Memory, judgment, or communication concern
- [ ] Increasing help needed at home
- [ ] Medication or appointment complexity
- [ ] No recent major change

Details, including approximate dates

PROVIDERS AND SERVICES

Current physicians and other providers

Home health, therapy, home care, or other services

WHO CURRENTLY MANAGES THESE TASKS?

Appointments

Medications

Bills and financial matters

Transportation

Daily life and practical support

Select the areas that would be helpful to discuss during the assessment.

AREAS TO REVIEW

- [ ] Appointments and provider coordination
- [ ] Mobility, falls, or transfers
- [ ] Meals, groceries, or nutrition
- [ ] Housekeeping or laundry
- [ ] Technology or paperwork
- [ ] Social connection or activities
- [ ] Medication organization process
- [ ] Bathing, dressing, or personal care
- [ ] Driving or transportation
- [ ] Home maintenance or repairs
- [ ] Pet care
- [ ] Family communication or workload

Anything you would like us to know about these areas

HOME AND VISIT INFORMATION

- [ ] Stairs or difficult entry
- [ ] Trip hazards or poor lighting
- [ ] Emergency alert system
- [ ] Home repairs needed
- [ ] Bathroom safety concern
- [ ] Mobility device used
- [ ] Pets in the home
- [ ] No current concern

Parking, entry, pets, accessibility, or other visit instructions

Family priorities and planning

This information helps us focus the conversation on what matters most.

What does the older adult most want to preserve or continue doing?

Family's top three priorities

PLANNING DOCUMENTS - IF KNOWN

- [ ] Healthcare power of attorney
- [ ] Financial power of attorney
- [ ] Advance directive / living will
- [ ] Will or trust
- [ ] Important documents organized
- [ ] Unsure
- [ ] Prefer not to answer

Communication preferences, accommodations, hearing/vision needs, or technology considerations

BEFORE THE ASSESSMENT

Anything else Anna should know before the visit?

Acknowledgment and submission

Please review before signing.

Alongside Family Concierge provides private-pay planning, organization, resource research, scheduling assistance, and nonclinical coordination. Alongside does not provide emergency response, medical diagnosis or treatment, nursing, medication administration, hands-on personal care, legal advice, or financial advice.

If you or your family member is experiencing an immediate medical or safety emergency, call 911. Please do not use this form to report an emergency.

ACKNOWLEDGMENT

- [ ] I confirm that the information provided is accurate to the best of my knowledge.
- [ ] I understand that this registration form is for preparation and is not a clinical evaluation.
- [ ] I agree that Alongside may contact me about scheduling and the assessment.

Signature / typed name

Date

Relationship to older adult / authority to complete this form

SUBMISSION

Preferred: Fill out this PDF online, save the completed file, and email it to hello@alongsidefc.com.

You may also print the form, complete it by hand, scan it, and email the scanned copy to hello@alongsidefc.com.

Please do not include Social Security numbers, financial account details, medical records, or other highly sensitive documents with your email.