



ELDERIS LLP

“India’s most reliable & affordable Eldercare Service”

Elder Care Enrollment & Care Assessment Form

A. Senior Citizen Personal Profile

* Full Name:

* Date of Birth / Age:

* Gender: Male Female Other

* Blood Group:

* Government ID: (Aadhaar / Passport)

* Marital Status : Married Widowed Single

* Residential Address:

* City / State / PIN:

* Primary Mobile Number:

* Alternate Contact Number:

* Email ID:

* Living Arrangement: Alone With Spouse With Family Caregiver

B. Family / Emergency Contact Information

* Primary Contact Name & Relationship:

* Mobile Number:

* Secondary / NRI Contact (WhatsApp / Email):

* Local Emergency Contact (if any):

C. Medical & Health Information

*** Existing Conditions:**

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> BP | <input type="checkbox"/> Stroke | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parkinson | <input type="checkbox"/> Asthma/COPD |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart | <input type="checkbox"/> Other |

*** Past Surgeries / Major Illness:**

*** Current Medications (Dose & Timing):**

*** Drug / Food Allergies:**

*** Mobility:** Independent Walker Wheelchair Bedridden

*** Vision :** Normal Impaired

*** Hearing :** Normal Impaired

*** Doctor Name & Contact:**

*** Preferred Hospital / Nursing Home:**

D. Risk & Safety Assessment

*** Fall Risk:** Low Medium High

*** Requires Night Supervision:** Yes No

*** Emergency / Hospitalization History (Last 12 Months):**

E. Care Services Required

- Daily Check-in Calls:
- Home Visits (Weekly / Monthly):
- Medicine Reminder & Monitoring:
- Doctor Appointment Assistance:
- Hospital Admission & Discharge Support:
- Diagnostic & Lab Coordination:
- Emergency Response Support(If activated):
- Companionship & Mental Wellbeing:
- Nursing / Physiotherapy Coordination:
- Palliative / End-of-life Care Support:

F. Lifestyle & Personal Preferences

* Diet : Veg Non-Veg Diabetic Low Salt

* Daily Routine / Habits:

* Religious / Cultural Preferences:

* Language Preference: English Hindi Bengali Other

* Smoking / Alcohol : Yes No

* Pet at Home : Yes No

G. Service Package Selection

Selected Package (Tick One):

SILVER

GOLD

DIAMOND

PLATINUM

*** Preferred Service Start Date:**

H. Insurance, Financial & Legal Information (Optional)

*** Health Insurance Provider & Policy Number:**

*** TPA / Insurance Contact:**

*** Emergency Expense Approval Limit (₹):**

*** Power of Attorney Available:** Yes No

I. Consent & Declaration

I hereby authorize ***ELDERIS LLP*** to provide elder care services and coordinate medical and emergency support as required.

I consent to sharing necessary medical information with doctors, hospitals, or caregivers when needed.

Name

Date

Place

*** Signature of Senior / Guardian**



OFFICE USE ONLY* –* ELDERIS LLP

*** Enrollment ID:**

*** Assigned Care Manager:**

*** Package :**

SILVER

GOLD

DIAMOND

PLATINUM

*** Risk Level:** Low Medium High

*** Service Activation Date:**

*** Remarks:**

Name:

Date:

Place:

Signature