



## Client Information Form

Name \_\_\_\_\_

Are you the owner of the property?                      Yes                      No

Relation to owner \_\_\_\_\_

Address \_\_\_\_\_

Age of property \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Who lives in the property? What is their age?

<i>Resident</i>	<i>Age</i>



Safe Optimal Spaces

Please List all medical diagnoses that interferes with the resident's daily life? What medications address the diagnoses?

<i>Medical Diagnosis</i>	<i>Medication(s)</i>

Please describe any other medical history that is relevant.

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Safe Optimal Spaces

In which areas of the property do you find difficult to navigate or perform daily tasks? Please explain, be as specific as possible.

<i>Area of Property</i>	<i>List Difficulties</i>

Please describe any other difficulties that are relevant.

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What goals do you wish to achieve as you collaborate with Safe Optimal Spaces?

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Can Safe Optimal Spaces take digital pictures of your property and save them in a secure software program and/or device?

**Yes**      **No**

Can Safe Optimal Spaces display pictures of your property on their website for marketing purposes?

**Yes**      **No**

Signature: \_\_\_\_\_

