



# Friendship and Flowers Intake Form

Please print clearly. Completed forms can be faxed to 612.721.5848 or scanned and emailed to [friendshipandflowers@littlebrothersmn.org](mailto:friendshipandflowers@littlebrothersmn.org).

Demographic Information	
Name	
Address (include building name and apt/unit #)	
City, zip code, county	
Phone number	
Date of birth	
Does the elder know he/she is being referred to LBFE programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Friendship and Flowers Packages: contain cookies (regular or diabetic), fresh flowers and a visit unless noted otherwise.</b>	
Please answer the following questions:	
• Is the elder diabetic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
• Is the elder allergic to flowers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Any other helpful information about the elder:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Ethnicity	<input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Mixed Ethnicity/Other
Primary language	
Is the elder homebound (cannot leave home or facility without considerable effort)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is the elder alert and oriented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does the elder have very few social interactions from family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Referrer's Information	
Date of referral	
Referrer's name and title	
Referrer's address	
Referrer's organization type	<input type="checkbox"/> Social service <input type="checkbox"/> Medical <input type="checkbox"/> Housing <input type="checkbox"/> Other:
Referrer's phone number	

***This section for office use only. Referring source: please do not complete.***

Intake Information	
Name	
Date of Intake	
Disposition	
Referral accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Entered into ResultsPlus	ResultsPlus ID #
Notes:	

Revised June 2017