



31 Tapscott Road, P.O. Box 37504, Scarborough, ON M1B 5P9
 Tel: (416) 281-0880 Fax: (416) 283-8162

Prior to engaging Marcy Cares services we kindly ask you to fill out a Customer Profile sheet. Please also fill out the Comments on Service section once service has been completed, or at any time during long-term care. Your satisfaction is important to us!

CUSTOMER PROFILE: SENIOR'S CARE

| | |
|--|--------------------|
| Name: | |
| Contact person: | |
| Address: | |
| Two major Crossroads: | |
| Phone: | Cell Phone: |
| Hospital: | Hospital Phone: |
| Age: | Weight: |
| Physician: | Physician's Phone: |
| Type of Service: Live In <input type="checkbox"/> Days <input type="checkbox"/> Hourly <input type="checkbox"/> Nights <input type="checkbox"/> | |
| Duties: | |
| | |
| | |
| Comments on Service: | |
| | |
| | |
| Please do not proposition worker into personal employment. All pricing and arrangements should be referred to the management of Marcy Cares for discussion. Thanks for your cooperation. | |
| Signatures: | Date: |
| | |