



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: POST OPERATIVE/TRAUMATIC CARE

Name:		Major Roads:	
Contact person:	Phone:	Cell:	
Spouse:	Cell:	Email:	
Type Of Service Required: RN –RPN – PSW – Personal Assistant:			
Age:	Weight:	Illness/Ailments:	
Mobility: Walker/Oxygen/Hearing Impaired/Diabetic/Blood Pressure H/L:			
Medications:			
Special Needs:			
Doctor:		Phone:	
Other:		Phone:	
Email:			
Customer 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:	