



**Professional Case Management  
Of Southwest Florida  
Medical Case Management  
Home Oversight, Organization and Relocation Assistance**  
Phone: 941-228-1396  
Fax: 941-492-2446

**For more information:**  
[www.pcmswfl.com](http://www.pcmswfl.com)  
email: [pcmswfl@gmail.com](mailto:pcmswfl@gmail.com)

## PhantaSea Guest Needs Assessment Form

Date: \_\_\_\_\_

**Please FAX completed form to 941-492-2446**

### Guest Information

|                         |                                      |
|-------------------------|--------------------------------------|
| Name:                   | Contact phone #:                     |
| Person Completing Form: | Contact phone #:                     |
| Relationship to Guest:  | Will you be accompanying this guest? |

### Physical Needs and Equipment Desired:

|  |
|--|
| Medical Problems that require oversight:   |
| Current physical challenges being experienced and note the equipment that you currently use daily: |
| Please list the dates are you planning to be at the PhantaSea Home:                                |
| Comments:  |

**We are interested in having the following assessment(s) on the Guest's behalf: (please check)**

- Medical Case Management Assessment     Household Management Assessment  
 Health and Safety Assessment             Other \_\_\_\_\_