

RESIDENT PROFILE/APPLICATION

Residents Name: _____ Age: _____ DOB: _____

Address: _____

Telephone Number: _____ Male Female

Social Security # _____ Medicare# _____

Medicaid# _____

Advanced Directives: _____ POLST: _____ POA: _____
(yes/no) (yes/no) (who)

Doctor: _____ Telephone: _____

Hospital: _____ Telephone: _____

Medical Diagnosis:

ALLERGIES to food and or drugs:

Emergency Contacts:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Birthplace:

Married Single Widow Divorced

Where was resident raised:

Siblings:

Education:

Religious affiliation: denomination, membership, special considerations with diet or communion, etc.

Names of family and close friends:

Location of close friends:

Waking and Bedtime Routines:

Meal Times and diet preferences:

Social/Leisure Activities:

Memberships:

Hobbies/Crafts/Games:

Solitary/Group Activity, Preferred outings/Events:

Favorite Foods:

Breakfast

Lunch

Dinner

Life Skills: Homemaker, mechanical/carpentry, office, gardening skills