



A PIECE OF HOME FOR YOUR PEACE OF MIND

POTENTIAL RESIDENT FORM

Today's date: / / Desired move-in date: / /

If no rooms are available at this time, would you like to be added to our waiting list? YES NO

POTENTIAL RESIDENT INFORMATION

Name (First, Middle, Last):

Height: Weight: Gender:

Date of Birth: / / Primary Language:

Check: Married Widowed Single Number of children:

Current home address:

Current location address:

Reasons interested in moving:

Previous occupation(s):

Does resident have family available, willing, capable of evacuating him/her for hurricanes, etc., if necessary? YES NO Other:

Current medical problems:

Ability to walk (check one): Independently safely Needs human help
Mobility device most often used (walker, scooter, cane, etc.):

Special diet: YES NO Interacts socially: YES NO Smokes: YES NO
Sleeps at night: YES NO Incontinence: Bowel: YES NO Bladder: YES NO
Cognitive ability: Cognitively intact Forgetful Dementia Alzheimer's
Check if needs assistance performing: Eating Bathing Dressing Toileting
Getting in/out of bed Walking Other

CONTACT PERSON(S)

Name:
Email address:
Phone numbers: (cell) (home)
(work) Preferred contact method: