



Resident Application

| PERSONAL INFORMATION | | | |
|----------------------|---|-------------------------------|---|
| Full Name: | Nickname: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Date of Birth: | SSN: - - | Race: | Living <input type="checkbox"/> No Will: <input type="checkbox"/> Yes (please attach copy) |
| Room Preference: | <input type="checkbox"/> Private Room <input type="checkbox"/> Semi-Private Room <input type="checkbox"/> First Available Marital Status: | | |
| Previous Occupation: | Religious Preference: | | |
| Hobbies: | | | |
| Referred By: | | | |
| Emergency Contacts: | | | |
| 1. | Relationship: | Home Phone: | |
| Address: | | Work Phone: | |
| City: | State: | Zip: | Cell Phone: |
| Email: | | | |
| 2. | Relationship: | Home Phone: | |
| Address: | | Work Phone: | |
| City: | State: | Zip: | Cell Phone: |
| Email: | | | |
| 3. | Relationship: | Home Phone: | |
| Address: | | Work Phone: | |
| City: | State: | Zip: | Cell Phone: |
| Email: | | | |
| 4. | Relationship: | Home Phone: | |
| Address: | | Work Phone: | |
| City: | State: | Zip: | Cell Phone: |
| Email: | | | |

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|--|--------|---------------|--|
| BILL TO: <input type="checkbox"/> Resident Themselves <input type="checkbox"/> Family <input type="checkbox"/> POA | | | |
| Relationship: | | Home Phone: | |
| Address: | | Work Phone: | |
| City: | State: | Zip: | Cell Phone: |
| Email: | | | |
| INSURANCE | | | |
| Company 1: | | Subscriber #: | Group: |
| Company 2: | | Subscriber #: | Group: |
| Medicare: | - - | Part A: / / | Part B: / / Part D: / / |
| Prescription Coverage: | | | |
| Access: | | | |
| PHYSICIANS | | | |
| Primary Physician: | | | |
| Dentist: | | | |
| Ophthalmologist: | | | |
| Podiatrist: | | | |
| Psychiatrist: | | | |
| Specialist(s): | | | |
| | | | |
| Do you wish to use our house physician? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Are you able to use stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hospital Preference: | | | |
| Allergies: | | | |
| Diagnosis: | | | |
| | | | |
| Physical Restrictions: | | | |
| Special Diet: | | | |
| Diabetic: <input type="checkbox"/> No <input type="checkbox"/> Yes Insulin: <input type="checkbox"/> No <input type="checkbox"/> Yes Oral Hypoglycemic: <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Date of Last Immunizations: Flu: Pneumonia: Shingles:

TB: DTap:

Height: Weight: Hair Color: Eye Color: Glasses: YES NO

Hearing Aids: No Left Right Both Dentures: None Uppers Lowers Both

Equipment Needs: Walker Wheelchair Oxygen Other:

Date of Recent Hospitalizations:

Reason(s):

Recent Surgery: Date:

MEDICATIONS

| Medication: | Dosage: | Frequency: | Reason: | Prescribed By: |
|-------------|---------|------------|---------|----------------|
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OTHER PREFERENCES

Home Health/Therapy:

Oxygen Company:

Funeral Home:

Pharmacy:

Do you have a POLST, CPR Directive, or DNR Form: NO YES Where is it located?

Resident Profile

Name: _____

Date: _____

Name of person completing form: _____



1300 Morgan Highway
Clarks Summit, PA 18411
(570) 587-7709

LEISURE INTEREST SURVEY

P – Past interest

C – Current interest

W – Would like to learn/do

| VOCATIONAL | P | C | W |
|----------------------------|---|---|---|
| Environmental | | | |
| Coat/Food/Toy Drives | | | |
| Volunteering | | | |
| Clubs/Organizations | | | |
| Not for Profit Agencies | | | |
| CREATIVE/CULTURAL/ARTS | P | C | W |
| Drawing | | | |
| Painting | | | |
| Woodworking | | | |
| Pottery | | | |
| Sewing | | | |
| Crafts | | | |
| Creative Writing | | | |
| Playing Musical Instrument | | | |
| Knitting/Crocheting | | | |
| Needlework | | | |
| Singing | | | |
| Cooking | | | |
| Drama | | | |
| Scrapbooking | | | |
| Arranging Flowers | | | |
| Ceramics | | | |
| SPIRITUAL | P | C | W |
| Bible | | | |
| Church/Mass/Synagogue | | | |
| Meditation | | | |
| Rosary | | | |
| INDEPENDENT ACTIVITIES | P | C | W |
| Watching Television | | | |
| Computer Activities | | | |
| Word Search Puzzles | | | |
| Jigsaw Puzzles | | | |
| Watching Videos | | | |
| Listening to Music | | | |
| Reading | | | |
| Solitary Card Games | | | |
| OUTDOOR ACTIVITIES | P | C | W |
| Picnic/Cookouts | | | |
| Bicycling | | | |
| Fishing | | | |
| Gardening | | | |
| Skiing | | | |
| Hiking | | | |
| Water Sports | | | |
| Sightseeing | | | |

| SOCIAL | P | C | W |
|--------------------------------|---|---|---|
| Concerts/Musical Entertainment | | | |
| Plays | | | |
| Social Board Games | | | |
| Classic Board Games | | | |
| Bingo | | | |
| Card Games | | | |
| Parties | | | |
| Sporting Events | | | |
| Movies | | | |
| PHYSICAL ACTIVITIES | P | C | W |
| Dancing | | | |
| Archery | | | |
| Bocce Ball | | | |
| Jogging | | | |
| Billiards/Pool | | | |
| Tennis/Badminton | | | |
| Swimming | | | |
| Bowling | | | |
| Volleyball | | | |
| Horseshoes | | | |
| Fitness/Exercise Class | | | |
| Golf/Miniature Golf | | | |
| Yoga | | | |
| Tai Chi | | | |
| Walking | | | |
| Team Sports | | | |
| TRIPS | P | C | W |
| Shopping | | | |
| Lectures | | | |
| Restaurants | | | |
| Nature/Parks | | | |
| Concerts | | | |
| Museums | | | |
| Movies | | | |
| EDUCATIONAL/COGNITIVE | P | C | W |
| Discussion | | | |
| Elderhostel | | | |
| Current Events | | | |
| Book Group | | | |
| OTHER ACTIVITIES: | P | C | W |
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