

RESIDENT PROFILE

Note: Please fill out completely. Admission will be delayed or denied if incomplete.

PERSONAL

Date: _____ Date of Admit: _____ Date of Discharge: _____
(Facility use only)

Name: _____ Age: _____ D.O.B.: _____

Soc. Sec. #: _____ - _____ - _____ Medicare#: _____ Medicaid # _____

Medicare Part "D" Provider: _____ ID: _____

Religion: _____ Marital status: _____ Veteran: _____

Conservator of Person: _____ Ph.# _____

Address: _____

Conservator of Estate: _____ Ph# _____

Address: _____

Responsible Person: _____ Ph.# _____ Relation: _____

Address: _____

Emergency contact: _____ Ph.# _____ Relation: _____

Address: _____

Referred by: _____ Ph.# _____

Current living arrangement and address: _____

Has the applicant ever been convicted of a crime?

Does the applicant give permission to Riverview Lodge Residential Care Home to perform a background inquiry for the purposes of this application? Yes _____ No _____ Initial _____

FINANCIAL

Who shall be responsible for payment of rent charges? _____

Billing address: _____

Does the applicant have the resources to pay rent charges for a minimum of 12 months? _____

Income source, amount and questionnaire (For state aided applicants only)

Soc. Sec. _____ (Amount) S.S.I.: _____ (Amount) Other: _____ (Amount)

Do the applicant's current resources exceed \$1600.00 _____

Does the applicant have a Checking or Savings Account, Trust Fund, Pre-Paid Funeral Contract, Life Insurance Policy or any Other Assets? _____

Has the applicant transferred or sold any Real Estate, Automobiles or other assets in the previous (36) Months? _____

Has the applicant applied for State Supplement with the Dept. of Social Services? _____
Dept. of Social Services Worker: _____ Ph: _____

ROUTINE

Does applicant smoke? _____ Hobbies or interests: _____
_____ Customary bedtime _____

Awakening Time _____

MEDICAL (Note: The *Medical* and *Pertinent History* sections of this application must be reviewed and signed by the applicant's physician.)

Physicians name: _____ (Field) _____ Ph# _____

Physicians name: _____ (Field) _____ Ph# _____

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Is the applicant ...

- Capable of self-administration of medication with supervision? Yes No
- Continent of bowel and bladder? Yes No
- Capable of reasonable understanding and direction? Yes No
- Capable of using public transportation for medical appointments? Yes No

Does the applicant...

- Need assistance with bathing or dressing? Yes No
- Have any infectious disease? Yes No
- Display any inclination to wander? Yes No
- Been diagnosed with a psychiatric illness? Yes No
- Have a past or present history of drug or alcohol abuse? Yes No
- Have any history of violent or inappropriate behavior? Yes No
- Pose any danger to themselves or others? Yes No

Use this area for explanations to any questions answered yes:

Special dietary requirements:

Allergies: _____

Date of most recent PE (Physical Examination) _____ *Please attach copy

Last PPD and results: _____

Date of last flu shot: _____

Ever had pneumo shot: Yes/No (Date: _____)

*** Please attach a copy of immunization records with this application.**

Current Height: _____ Current Weight: _____

Diagnosis/Pertinent History:

Medications: (Please indicate the reason the applicant is prescribed the medications listed below).

	<u>Name</u>	<u>Dosage:</u>
(1)	_____	_____
Prescribed for:	_____	
(2)	_____	_____
Prescribed for:	_____	
(3)	_____	_____
Prescribed for:	_____	
(4)	_____	_____
Prescribed for:	_____	
(5)	_____	_____
Prescribed for:	_____	
(6)	_____	_____
Prescribed for:	_____	
(7)	_____	_____
Prescribed for:	_____	
(8)	_____	_____
Prescribed for:	_____	
(9)	_____	_____
Prescribed for:	_____	
(10)	_____	_____
Prescribed for:	_____	

I have reviewed the Medical and Pertinent History portions of this application.

Signed: _____ Date: _____

(Physician's Signature)

The information contained in this *"Resident Profile"* is accurate to the best of my knowledge. I understand that any misrepresentation of the applicant's health, abilities or behavioral history may be grounds for discharge from this facility by the administrator.

Signed: _____ Date: _____

*Signed: _____ Date: _____

*Relationship to applicant: _____