

ADMISSION AND SOCIAL INFORMATION

Today's Date: _____

PERSONAL INFORMATION:

Admission Date: _____ From: _____ Physician: _____

Name: _____ Age: _____
Last First Maiden or Middle

Home Address: _____
Street City State Zip County

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: M F Marital Status: M S W D Citizen of what country? _____

Religion: _____ Church Affiliation: _____

Minister: _____ Phone#: _____ Desire Visits?: Yes No

Name of local funeral home desired: _____

Education: Elementary _____ High School _____ College _____ Other _____

Occupation: (Last Position) _____ Military Service: _____

Financial Situation: (Monthly income) _____ Source: _____

Medicare #: _____ Social Security #: _____ Medicaid #: _____

Responsible Party: _____ Relationship: _____

Address: _____ Phone #: _____

Occupation: _____ Place of Employment: _____ Phone #: _____

MEDICAL INFORMATION: Diagnosis (es): _____

_____ Patient Informed: Yes No

Physician's Estimate of Restorative Potential: _____

Physicians's Address: _____ Phone #: _____

Dentist: _____ Podiatrist: _____ Other Dr.s: _____

Discharge Plan: _____

FAMILY AND SOCIAL INFORMATION: Pre-Admission Living Arrangements

Father's Name: _____ Mother's Maiden Name: _____

Lived Alone: Yes No With Others: Yes No With Whom: _____ House: Yes No Apt: Yes No

Address: _____ Who Planned Placement: _____

Events Leading to Admission: _____

Patient's Attitude Toward Placement: _____

Family's Attitude Toward Placement: _____

Adjustment to Retirement: _____

Number of Family Members: Sons: _____ Daughters: _____ Brothers: _____ Sisters: _____ Grandchildren: _____
 Great Grandchildren: _____ Other Relatives: _____ Pets: (what kind) _____

INTEREST/ACTIVITIES:

	Present	Past	Comments
<u>Music/Plays Instrument?</u>			
Reading			
Current Events			
Sports			
Crafts			
Reminiscing			
Sewing/Needlework			
Bingo			
Poker/other card games			
Exercise			
Parties			
Television programs			
Movies/What kind			
Other games			
Clubs & Organizations			
Will family provide materials for hobbies?			
Interest in personal appearance			
Special talent/achievements			
Most significant event of life			
Travel experiences			
People w/ greatest influence on my life			

Registered voter ? _____ Desires to vote: Yes No

CURRENT FUNCTIONING:	COMMUNICATION:
BEHAVIOR: Quiet <input type="checkbox"/> Bowel Control <input type="checkbox"/> Friendly <input type="checkbox"/> Bladder <input type="checkbox"/> Alert <input type="checkbox"/> Noisy <input type="checkbox"/> Anxious <input type="checkbox"/> Demanding <input type="checkbox"/> Confused <input type="checkbox"/> Depressed <input type="checkbox"/> Wanders <input type="checkbox"/> Disoriented <input type="checkbox"/> Walks Alone <input type="checkbox"/> Secure <input type="checkbox"/> Feeds Self <input type="checkbox"/> Seek Support <input type="checkbox"/> Dressing <input type="checkbox"/> Other <input type="checkbox"/>	HABITS: Nonsmoker <input type="checkbox"/> Crutches <input type="checkbox"/> Smoker <input type="checkbox"/> Walker <input type="checkbox"/> Sleeping Habits _____ Cane <input type="checkbox"/> AIDS: Wheelchair <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Brace <input type="checkbox"/> Dentures <input type="checkbox"/> Pacemaker <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Colostomy <input type="checkbox"/> Prosthesis <input type="checkbox"/> Catheter <input type="checkbox"/>

DIETARY: Weight: _____ Height: _____ Favorite meal: Breakfast Lunch Dinner Snacks
 Favorite foods: _____ Problem foods: _____
 Social Worker's Signature: _____ Date: _____