

Resident Information

Name (last, first, middle): _____

Birthdate: _____ Resident's SSN: ____ - ____ - ____ Age: _____

Date of placement: _____ Date of discharge: _____

Address Previous to Admission: _____

Discharge Address: _____

| Agency Contacts | Name | Phone Number |
|----------------------------|------|--------------|
| Social Worker | | |
| Social Worker's Supervisor | | |
| Guardian | | |
| Financial Worker | | |
| Social Security Office | | |

| Medical Contacts | Name | Phone Number |
|---------------------------|------|--------------|
| Psychologist/Psychiatrist | | |
| Physician | | |
| Dentist | | |
| Outpatient Clinic | | |

| Inform in an Emergency | |
|------------------------|---------------|
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |

| Day Program/Employment | Contact Person | Phone Number |
|------------------------|----------------|--------------|
| | | |
| | | |
| | | |

| Family Member's Name | Relationship | Address | Phone Number |
|----------------------|--------------|---------|--------------|
| | | | |
| | | | |
| | | | |

| People Important to Resident | Relationship | Address | Phone Number |
|------------------------------|--------------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Current Medical/Physical Status | Date |
|---------------------------------|------|
| Last physical exam | |
| Last dental exam | |
| Last eye exam | |
| Special diet/allergies | |

| Insurance Type | Policy Number | Contact Information |
|----------------|---------------|---------------------|
| MA | | |
| Medicare | | |
| Other | | |

| Diagnosis | |
|--------------------------|--|
| Primary | |
| Secondary | |
| Other Problems/Concerns: | |

Other/Comments:

| |
|--|
| |
|--|