



PERSONAL INFORMATION

Name _____ Date _____
 Address _____
 Home Phone _____ Other Phone _____
 Date of Birth _____ Marital Status _____
 Primary Language _____ Race _____
 Cultural/Religious Preferences _____
 Current Living Situation _____
 Reason for Referral _____
 Primary Caregiver _____ Relationship _____
 Role _____
 Phone Numbers _____

EMERGENCY and COMMUNITY CONTACT INFORMATION

Primary Contact for Emergencies, Health Care Decisions – Is this contact a POA? Yes No

NAME	RELATIONSHIP	PHONE(S)

ADDRESS		

Secondary Contact for Emergencies, Health Care Decisions – Is this contact a POA? Yes No

NAME	RELATIONSHIP	PHONE(S)

ADDRESS		

Physician _____

NAME	PHONE

ADDRESS	FAX

Dentist _____

NAME	PHONE

ADDRESS	FAX

Hospital Preference _____

Transportation Service _____ Phone _____

Metro Mobility Certification Number if Applicable _____

Social Services _____ Phone _____

County Program Name/Number if Applicable _____

MEDICAL and ACTIVITY INFORMATION

Current Medical Diagnoses _____

Disorientation/Forgetfulness: _____ A&O x3 _____ Mild _____ Moderate _____ Severe

Interests/Hobbies _____

Activities you'd like here _____

Services needed (bathing, medication, etc.) _____

BILLING and ATTENDANCE INFORMATION

Payment Source: _____ Private Pay _____ County _____ Other _____ PAS completed

Are you requesting a sliding fee? Yes No

Person Responsible for Payment - Is this person financial POA? Yes No

NAME	RELATIONSHIP	PHONE(S)
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ADDRESS

_____ Full Day - 4 to 8 hours

_____ Half Day - 0 to 4 hours

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

OTHER INFORMATION

How did you hear about the Roitenberg Family Adult Day Center?

- | | | |
|--|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Phone Book | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Driving by | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> County/Case Manager |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> JFS/JCC/UJFC | <input type="checkbox"/> Other _____ |

Has our staff been helpful and responsive to your needs? YES NO

Is there any other information you would like our staff to know? _____

