

Krishna's Home
Resident Preliminary Application

Resident's Name _____ Soc. Sec. # _____

Present Address _____

Birth Date _____ Medicare HMO _____ ID# _____

Resident's Representative or Responsible Party _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

Email _____

Primary Care Provider _____ Date of Last Visit _____

Address _____ Phone _____

Other Medical Practitioner _____ Date of Last Visit _____

Address _____ Phone _____

Podiatrist _____ Date of Last Visit _____

Address _____ Phone _____

Dentist _____ Date of Last Visit _____

Address _____ Phone _____

Hospice _____ Date of Last Visit _____

Address _____ Phone _____

Nursing Agency / Physical Therapy _____ Date of Last Visit _____

Address _____ Phone _____

Religious Preference _____ Church (if any) _____

Pastor _____ Phone _____

Advance Directives: Living Will DNR or No-code Prehospital Medical Care Directive Do-not-transport order

Have funeral arrangements been made? No Yes Funeral Home _____

Description of Care Needs

Physical aids worn, used or brought into the home: Glasses Contact Lenses Hearing Aid

Pacemaker Dentures Partial Plate Prosthetic Device Wheelchair Walker

Other _____

Needs help with: Walking Dressing Bathing Eating Dental Hygiene Toileting

Incontinence Care Medications Wandering Night-time Toileting Transfer

Catheter Colostomy Other _____

Resident suffers from: Osteoporosis High blood pressure Heart problems Deafness

Paralysis Cataracts Glaucoma Arthritis Diabetes Chronic Diarrhea

Constipation Lung Disease Liver problems Thyroid deficiency Parkinson's

Depression Memory loss Confusion Alzheimer's Cancer Alcoholism

Other _____

Food or medication allergies: _____

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Resident's Personal History

Place of Birth _____

Education _____

Occupation(s) _____

Spouse's Name _____

Children's Names _____

Important Life Events or Accomplishments _____

Favorite Foods _____

Hobbies _____

Favorite Social Activities _____

Signature of responsible party _____

Signer is: Resident Guardian Conservator Attorney in Fact (Holder of Power of Attorney)

Other _____

For use at time of discharge

Discharge Information

Date of Discharge _____ Circumstances _____

Relocation assistance provided by the home _____

Forwarding address _____
