Krishna's Home

Resident Preliminary Form

Please Print Clearly

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Full Legal Name_____ **(M) (F)**

Spiritual Name_____ _____

Present Address _____

City _____ **State**_____ **Zip Code** _____ **US Citizen (Y) (N)**

Place of Birth_____**Birth date**_____**Age**_____

Cell Phone _____**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** _____

Nursing Agency / Physical Therapy _____ **Date of Last Visit** _____

Address _____ **Phone** _____

Pharmacy_____**Address**_____

_____**City**_____**State**_____**Zip Code**_____

Description of Care Needs (Circle All That Apply)

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

Pacemaker Dentures Partial Plate Prosthetic Device Wheelchair Walker

Other _____

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 _____

What is your current health challenge? _____

_____

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 _____

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Resident Preliminary Form

Please Print Clearly

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Vegetarian or Vegan (please circle one)

Food or medication allergies: _____

_____

Responsible Party

Print Legal Name _____

Signature of responsible party _____

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

Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____