

## GENERAL RESIDENT INFORMATION

Review and update at a minimum yearly

**Resident Name:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_

**General Characteristic:**      **Sex:**      **DOB:**      **Age:**  
**Height:**      **Weight:**      **Hair Color:**  
**Glasses:**      **Hearing Aid:**      **Dentures:**

**Medical Conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Physician Name & Phone Number:** \_\_\_\_\_

**Psychiatrist Name & Phone Number:** \_\_\_\_\_

### Health Plan:

**Medicaid #:**      **Medicare#**      **VA#** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**Dentist Name & Phone Number:** \_\_\_\_\_

**Optometrist Name & Phone Number:** \_\_\_\_\_

**Pharmacy Name & Phone Number:** \_\_\_\_\_

### EMERGENCY CONTACTS:

**Family:**      **Friend:**      **legal:**      **None:**  
**Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PREVIOUS LIVING SITUATION:** \_\_\_\_\_

**ADMITTED FROM:** \_\_\_\_\_

**RESPONSIBLE PARTY: Self:** \_\_\_\_\_

Guardian: \_\_\_\_\_ Conservator: \_\_\_\_\_ Rep. Payee: \_\_\_\_\_ Guarantor or Executor:  
Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Address:** \_\_\_\_\_

Other Contacts: \_\_\_\_\_

**Source of Income:**

Self: \_\_\_\_\_ Medicaid: \_\_\_\_\_ SSI: \_\_\_\_\_ VA: \_\_\_\_\_

**PERSONAL INFORMATION:**

Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Mortuary/Burial Plan: \_\_\_\_\_

Declaration for Mental Health: \_\_\_\_\_ Location Of document: \_\_\_\_\_

Education: \_\_\_\_\_

Past Occupations: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Date prepared: \_\_\_\_\_ Name/Signature: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Name/Signature: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Name/Signature: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Name/Signature: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Name/Signature: \_\_\_\_\_

