JAMES L. WEST ALZHEIMER CENTER

Senior Adult Day Program Application

Date of Application ______________________

Applicant's Name ____

Last *First* *Middle*

Address ____

City _______________________________________ State _________________ Zip ____________________

Phone _________________ Birth date _______________ Age __________ Sex _________ Race __________

Social Security Number ___________________________ Medicare Number __________________________

Private Insurance Carrier and Policy Number ____

Out of Hospital DNR ▫ Yes ▫ No If yes, please attach

Religious Affiliation ____

Clergyman/Rabbi ______________________________________ Telephone __________________________

Marital Status ▫ Married ▫ Single ▫ Divorced ▫ Widowed

If spouse is deceased, give date and cause of death ____

____

Wedding Anniversary Date ____

Durable Power of Attorney/Guardian Name ____

Relationship to Applicant ____

Address ____

City _______________________________________ State _________________ Zip ____________________

Residence Phone ___________________ Work Phone _________________ Cell Phone _________________

In emergency, notify ____

Address ____

City _______________________________________ State _________________ Zip ____________________

Residence Phone ___________________ Work Phone _________________ Cell Phone _________________

The following information is requested to assist the staff in developing an appropriate care plan to meet the individual, personal needs of the participant.

PERSONAL DATA

Applicant's trade or profession ____________________
Employer ____________________
Date of last employment ____________________ Spouse's occupation ____________________
If married before, spouse's name(s) ____________________
Number of natural or adopted children ____________________

NAME OF CHILD	ADDRESS	RES. PHONE	WORK PHONE

Applicant's hobbies or interests:
Present ____________________
Past ____________________
Clubs/Organizations ____________________
____

Family member most dependent on ____________________
Relationship ____________________
Family member(s)/friends(s) involved (include supportive relationships) ____________________
____
____
____
Does participant have a pet? □ Yes □ No If yes, please describe: ____________________
____

HEALTH DATA

Applicant's physician ____________________ Phone ____________________
Address ____________________
City ____________________ State ____________________ Zip ____________________
When did applicant last consult a physician or attend a clinic/hospital? ____________________
____

Applicant's dentist ____________________ Phone ____________

Address ____

City ____________________ State __________ Zip ____________

When did applicant last consult a dentist? ____________________

Height __________ Current Weight __________ Usual Weight __________

Diet: Special ____________________ Regular ____________________

Appetite: □ Good □ Fair □ Poor

Food likes/dislikes/texture modifications ____________________

____

Alcohol use ____________________ Smoking habits ____________________

FUNCTIONAL AREAS:

Toileting: □ Self □ Needs Assistance □ Wears incontinent briefs

Personal Hygiene:

□ Self □ Needs assistance

Ambulation/Mobility:

□ Unlimited □ Needs Assistance

□ Wheelchair Bound □ Walker/Cane

Impaired hearing: □ Right □ Left

Hearing aid: □ Right □ Left

Impaired vision: □ Yes □ No

Dentures: □ Upper □ Lower

Glasses: □ Yes □ No

Feeding: □ Self □ Needs Assistance

Skin: □ Intact □ Pressure Ulcer □ Special Care

Special skin issues: __________

Past physical history (include surgery and hospitalizations)

____

____

____

____

Present condition/diagnosis ____________________

____

____

Prosthesis ____

Medications (include non-prescription drugs taken on a regular basis) ________________________________

____

____

____

Pharmacy ____ Phone _____________________________

Allergies (list with side effects) ____

____

____

EMOTIONAL AND MENTAL STATUS

Temperament and personality ____

____

Changes in behavior ____

____

When changed ____

Behavior Issues: State frequency

Mind clear	__________	Belligerent	__________	Unkempt	__________
Fearful	__________	Stealing	__________	Physically abusive	__________
Demanding	__________	Hoarding	__________	Packing-unpacking	__________
Forgetful	__________	Wandering	__________	Verbally abusive	__________
Attention Span	__________				

Orientation: Time ___________ Place ______________ Person ______________

Communication skills ____

____

TRANSPORTATION

- ☐ Private Car/Family: Contact name and number ____
- ☐ Commercial Transport: Agency name and number ____

The information I have provided in this application is current and correct to the best of my knowledge.

Signature ____

Relationship to applicant ____