

Du Charme Estates Ltd.
Supervision and care for handicapped/Elderly persons
An Assisted Living Residence with a heart

25 Federal St.
Blackstone, MA. 01504
Phone: 508-883-2066 Fax: 508-833-0360

Pre-admission Resident Information

(to be completed by resident and or resident representative family member and/or legal representative)

Participant Name: _____

Address: _____

Living Arrangement: Alone () With others () Congregate housing ()
Senior housing () Other ()

Specify: _____

Telephone: _____ Marital Status: S M W D Sep

Sex: M F Birth date: ___/___/___ Medicaid No.: _____

SS# _____ RID No.: _____

Other health Insurance (specify): _____

Medicare A: _____ B: _____

Emergency Contact: #1 _____

Include: (name, phone, Address, relationship) #2 _____

Medical/Social Services (ON ADMISSION)

Physician: _____

Address: _____

Telephone: () - Date of physical: _____

Participant Hospital Affiliation: _____

Certified Home Health Agency: Nurse () Frequency: _____

Home Health Aide () Frequency: _____

Therapy () Frequency: _____

Homemaker () Frequency: _____

Other (describe): _____

Hospitalization in the past two (2) years: _____

Skilled Nursing Facility: _____

Previous Long term care facility and period of stay: _____

Chronic Hosp. _____ Rehabilitation Facility: _____

Mental Health Facility: _____ Rest Home: _____

Medication: write each medication, purpose, dose, frequency, and route of administration:

All Allergies food medication etc:

Specific Diet:

Medical Diagnosis:

Vital signs: Weight: _____ Height: _____

List resident Goals:

Medical visits: indicate the date last seen by the following medical professional if exact Date is unknown enter the month and year

1. Consultant physician (type of Specialist) _____

2. Dentist: _____

3. Podiatrist: _____

4. Psychiatrist./psychologist: _____

5. Audiologist: _____

6. Optometrist: _____

7. Other (specify) _____

Able to Follow simple instructions? Yes No

What Kind of assistance needed to evacuate facility?

Sensory/Communication:

Sight: Good () Fair () Poor () None () Aide/Device: _____

Hearing: Good () Fair () Poor () None () Aide/Device: _____

Speech: Good () Fair () Poor () None () Aide /device: _____

Psychological Charecteristics:

Does the participant have an association with the department of metal Health?

YES NO

Orientation:

()Disorientated intermittetly DAY () NIGHT ()

()Disorientated DAY () NIGHT ()

Follows instrinctions:

()Follows complex instructions

()Follows simple instructions

()Does not follow instruction

Remarks on Psychosocial Characteristics:

Alcohol, Drug, Smoking, History: (Please check applicable)

1.Alcohol abuse Y N Years:_____

2.Ever detoxed Y N Years:_____

3.Drug abuse Y N Years:_____

4.Current in AA Y N Years:_____

5.Smoking Y N Years:_____

Recent Hospitalization (Within the last 1 year)

Personal Information

1. Legal Guardian Y N Name: _____ Phone: _____
2. POA Y N Name: _____ Phone: _____
3. Health Care proxy Y N Name: _____ Phone: _____
4. Resident Representative Y N Name: _____ Phone: _____
5. Comfort Care Y N Name: _____ Phone: _____
6. VNA prior to move Y N Name: _____ Phone: _____
7. Funeral Home Y N Name: _____ Phone: _____

Comments:

Description

Bath: () Tub () Shower () Sponge

Device

Y N

Comments

1. Supervision/ verbal cue
2. Limited physical assistance
3. Extensive physical assistance

Dree/Undress

Device

Comments

0. Independent
1. Independent/with difficulty
2. Supervision/ Verbal cue
3. Limited physical assistance
4. Extensive physical assistance

Y N

Eat

Device

Comments

0. Independent
1. Independent/with difficulty
2. Supervision/ Verbal cue
3. Limited physical assistance
4. Extensive physical assistance

Y N

Transfer in/out of bed

Device

Comments

0. Independent
1. Independent/with difficulty
2. Supervision/ Verbal cue
3. Limited physical assistance
4. Extensive physical assistance

Y N

<i>Get around Inside</i>	<i>Device</i>	<i>Comments</i>
1. Independent		
2. Independent/with difficulty	Y N	
3. Supervision/ Verbal cue		
4. Limited physical assistance		
5. Extensive physical assistance		
<i>Toilet</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Independent/with difficulty	Y N	
2. Supervision/ Verbal cue		
3. Limited physical assistance		
4. Extensive physical assistance		
<i>Meal Preparation</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Housework</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Laundry</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Shopping</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Taking Medicine</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Get Around outside</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Transportation</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		
<i>Money Management</i>	<i>Device</i>	<i>Comments</i>
0. Independent		
1. Supervision	Y N	
2. Physical assist		

Comments:

Signature

Date