

**RESIDENT INFORMATION AND DISCHARGE FORM**

Resident's Name \_\_\_\_\_ Discharge Date \_\_\_\_\_

GENERAL INFORMATION:

Social Security Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

Medical Assistance Number \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

NAMES AND PHONE NUMBERS:

Family member/responsible person/guardian \_\_\_\_\_

Physician \_\_\_\_\_

Case Manager/Social Worker \_\_\_\_\_

Pharmacist \_\_\_\_\_

Dentist \_\_\_\_\_

Homes Plus Provider \_\_\_\_\_

Eye Doctor \_\_\_\_\_

Clergy \_\_\_\_\_

Other \_\_\_\_\_

Funeral Home/Burial Plan \_\_\_\_\_

Responsible Person for Finances \_\_\_\_\_

Person to Contact in an Emergency \_\_\_\_\_

PERSONAL INFORMATION:

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male  Female  Marital Status \_\_\_\_\_ Smoker: Yes  No

Alcohol User: Yes  No  Education (Highest level completed) \_\_\_\_\_

Family Member (Still living):

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PHYSICAL HEALTH:

Brief Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Diagnoses and Prognoses: \_\_\_\_\_  
\_\_\_\_\_

Prescribed and Over-the-Counter Medications (attach sheet) \_\_\_\_\_  
\_\_\_\_\_

Drug Reactions and other Allergies: \_\_\_\_\_  
\_\_\_\_\_

Prescribed Therapies-Speech, Physical, Occupational, Mental Health: \_\_\_\_\_  
\_\_\_\_\_

SPECIAL EQUIPMENT REQUIREMENTS:

Bath Bench

Incontinence Pads

Bed Pan

Raised Toilet Seat

Bedside Rails

Transportation

Cane

Walker

Commode

Wheelchair

Crutches

Other

Handheld Shower

DIET AND NUTRITION:

Current nutritional status: Good  Fair  Poor

Special Diet Needs or preferences:

Diabetic

Ethnic

High Fiber

High Protein

Low Calorie

Low Fat/Cholesterol

Low Salt

Vegetarian

Other

Diet ordered by Physician? Yes  No

Food consistency need: Soft  Chopped  Pureed  Liquid

Compliance with diet:

- Voluntary
- Needs Encouragement
- Requires monitoring and assistance

Current weight: \_\_\_\_\_ Pounds

Usual Weight: \_\_\_\_\_ Pounds

Does person feed self: Independently  Needs Assistance  Needs to be fed

What are the person's food preferences? \_\_\_\_\_  
\_\_\_\_\_

What foods does the person dislike? \_\_\_\_\_  
\_\_\_\_\_

What are the person's usual meal times and associated habits?

Breakfast:	Time _____	Habits _____
Lunch:	Time _____	Habits _____
Dinner:	Time _____	Habits _____

Does the person prefer to eat with other or alone? \_\_\_\_\_

Describe person's snacking habits \_\_\_\_\_

Describe how any of the following may affect eating and nutrition:

Medical condition \_\_\_\_\_

Medications \_\_\_\_\_

Sensory impairments \_\_\_\_\_

Oral problems \_\_\_\_\_

Digestion/Intestines \_\_\_\_\_

Feeding Aids \_\_\_\_\_

Food Allergies \_\_\_\_\_

Weight Concerns \_\_\_\_\_

SLEEP HABITS:

Personal preferences \_\_\_\_\_

Nighttime needs/Rituals \_\_\_\_\_

Sleeping Aids \_\_\_\_\_

SOCIAL FUNCTIONING AND ACTIVITIES:

Hobbies and Interests \_\_\_\_\_

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

Clubs, Organizations, Groups \_\_\_\_\_

Communication Skills (problems, impairments, aids used) \_\_\_\_\_

\_\_\_\_\_

Money management abilities and needs \_\_\_\_\_

Lifetime social habits:

- Likes to be with other
- Likes group activities
- Likes to be alone
- Likes individual activities

Current social abilities:

- Capable and chooses to participate
- Capable but chooses not to participate
- Difficulty choosing and needs encouragement to participate

Family and other visitors:

Regular visitors \_\_\_\_\_

Occasional visitors \_\_\_\_\_

How does resident react to visitors? \_\_\_\_\_

Special anniversaries, holidays, religious observances \_\_\_\_\_

BEHAVIOR:

Behavior problems \_\_\_\_\_

How behavior managed \_\_\_\_\_

What triggers behavior \_\_\_\_\_

ADMISSION TO HOMES PLUS:

Admission date \_\_\_\_\_

Prior living arrangement \_\_\_\_\_

Reason for discharge \_\_\_\_\_

RESIDENT SUMMARY:

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