

HOMES PLUS RESIDENT PERSONAL RECORD

EMERGENCY INFORMATION

| | | |
|----------|---------|---------|
| Resident | Phone # | Address |
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|---------------------------|---------|---------|
| Resident's Representative | Phone # | Address |
|---------------------------|---------|---------|

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|----------------------|---------|---------|
| Resident's Physician | Phone # | Address |
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| Hospital | Phone # | Address |
|----------|---------|---------|

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| Other Contact | Phone # | Address |
|---------------|---------|---------|

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|---------------|---------|---------|
| Other Contact | Phone # | Address |
|---------------|---------|---------|

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|-------------------------|---------|---------|
| Resident's Case Manager | Phone # | Address |
|-------------------------|---------|---------|

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|------------------|---------|---------|
| Financial Worker | Phone # | Address |
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BASIC INFORMATION:

Birthdate: _____ Marital Status: _____

Gender: _____ Race: _____

Social Security #: _____ Medical Assistance #: _____

Insurance #: _____ Medicare #: _____

FAMILY MEMBERS

Deceased members important to the resident: _____

CURRENT MEDICAL INFORMATION:

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|---------|---------|---------|
| Dentist | Phone # | Address |
|---------|---------|---------|

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|----------------------------|---------|---------|
| Mental Health Professional | Phone # | Address |
|----------------------------|---------|---------|

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|-----------------------|---------|
| Date of Physical exam | Results |
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|---------------------|---------|
| Date of Dental exam | Results |
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|----------------------|---------|
| Date of Optical exam | Results |
|----------------------|---------|

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|-----------------------|---------|
| Date of Auditory exam | Results |
|-----------------------|---------|

Summary of primary problems:

Other Problems:

Vision _____ Mental Health _____

Speech _____ Auditory _____

Chronic Health _____ Physical Handicaps _____

Other _____

Special Diet/Allergies:
