



Client Admission Form

General Information

Name	
Date of Birth	
AHC #	
Resuscitation Category	
Religious Affiliation	
End of Life Arrangements	

Next of Kin #1

Name	
Phone	
Email	
Address	

Client Admission Form

Next of Kin #2

Name	
Phone	
Email	
Address	

Guardian (Legal)

Name	
Phone	
Email	
Address	

Trustee	
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Client Admission Form

Doctor(s)	Name: Phone: Name: Phone:
Dentist	Name: Phone:
Optometrist	Name: Phone:
Previous Surgeries	_____ _____
Pacemaker (Circle Applicable)	YES / NO
Prosthetics (including knee/hip replacements etc.)	_____ _____ _____
Hearing Aid (Circle Applicable)	LEFT / RIGHT
<ul style="list-style-type: none"> Hearing Impaired 	YES / NO
Glasses	YES / NO
<ul style="list-style-type: none"> Visually Impaired 	YES / NO
Oral (Circle Applicable)	NATURAL TEETH DENTURES: UPPER / LOWER PARTIAL: UPPER / LOWER

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<p>Oxygen</p>	<ul style="list-style-type: none"> • Rate: • Concentrator / Cylinder supplier: <p>_____</p>
<p>Allergies</p>	<p>Pharmaceutical: _____</p> <p>_____</p> <p>Food: _____</p> <p>_____</p> <p>Other: _____</p> <p>_____</p>
<p>Dietary Needs (Circle Applicable)</p>	<p>REGULAR / DIABETIC / LOW SODIUM / NO SODIUM</p> <p>OTHER: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Texture Modified Diet (Circle Applicable)</p> <ul style="list-style-type: none"> • THICKENED FLUIDS: YES / NO 	<ul style="list-style-type: none"> • DICED (CUT UP) • SOFT EASY TO CHEW (1CM CUBES MEAT; SOFT FRUIT/VEGGIES) • MINCED (GROUND) • PUREED (PUDDING CONSISTENCY) • BLENDED (THROUGH A STRAW)

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Feeding Assistance	<ul style="list-style-type: none"> • INDEPENDENT • SETUP • RIMMED PLATE • CUEING • FULL ASSIST
Food Tolerances	<hr/> <hr/>
Food Favorites	<hr/> <hr/>
Food Dislikes	<hr/> <hr/>
Coffee	YES / NO CREAM / SUGAR
Tea	YES / NO CREAM / SUGAR
Juice	ORANGE / CRANBERRY / PRUNE / APPLE OTHER: _____
Milk	YES / NO
Water	YES / NO ICE: YES / NO
Soup	YES / NO IN A CUP / IN A BOWL
Straw for Beverages	YES / NO

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Bathing / Shower	<ul style="list-style-type: none"> • FREQUENCY: • AM / PM
Dressing	<ul style="list-style-type: none"> • INDEPENDENT • SETUP • PARTIAL ASSIST • FULL ASSIST
Footwear	<p style="text-align: center;">SLIPPERS / SHOES</p>
List other request for daily care	<hr/> <hr/> <hr/>
Elimination	<ul style="list-style-type: none"> • UNASSISTED / ASSISTED / INCONTINENT • URINAL: YES / NO • COMMODE: YES / NO • INCONTINENT: PADS / PULL UP / TAB STYLE • AADL SUPPLIED: YES / NO • BOWEL FREQUENCY: • LAST BM:
Rest Routine	<ul style="list-style-type: none"> • AM: BED / RECLINER • PM: BED / RECLINER • OTHER:
Sleep Routine	<ul style="list-style-type: none"> • RETIRES AT: • WAKES AT:

