

Caton Merchant) HOUSE

ASSISTED LIVING FACILITY QUESTIONNAIRE

Date: _____

APPLICANT INFORMATION			
Name of Applicant:	Date of Birth:	Place of Birth:	
Present Address:	Current Telephone #:	Social Security Number:	
Religious Preference (Optional):	Marital Status:	Current Living Arrangements? With whom, if anyone, is Applicant living?	
Previous Vocation:	Military Service?: If Yes, which Branch?	How did Applicant adjust to retirement?	Does Applicant have an advanced directive?
Name of Primary Care Physician:		Address of Primary Care Physician:	
Physician Telephone #:	Physician Fax #:	Food or Medication Allergies:	
Please list conditions or diagnoses for which Applicant is currently being treated:			
If Applicant has a Legal Guardian, Committee, or Power of Attorney, please list his/her name, address and telephone number:			
Additional Contact Person Name, Address and Telephone Number:		Additional Contact Person Name, Address and Telephone Number:	

I hereby certify that to the best of my knowledge, the statements made in this application are true.

Signature Relationship Date

FUNCTIONAL STATUS

This survey is an important part of the application process for admission to Caton Merchant House. Please note that an indication of assistance being needed in a certain area does not necessarily disqualify the applicant from admission.

1.) Is the Applicant able to complete light housekeeping independently? If NO, please explain:	YES	NO
2.) Is the Applicant able to feed himself/herself independently? If NO, please explain:	YES	NO
3.) Is the Applicant able to ambulate safely without assistance? If NO, is he/she safely independent with an assistive device? Does he/she use a WALKER WHEELCHAIR CANE	YES YES	NO NO
4.) Is the Applicant able to take medications in correct dosages at correct times without assistance or reminders? YES NO If NO, please explain:		
5.) Is the Applicant able to use good judgment in making decisions? If NO, please explain:	YES	NO
6.) Is the Applicant responsible with alcohol and tobacco products? If NO, please explain:	YES	NO
7.) Is the Applicant able to effectively communicate with others? If NO, please explain:	YES	NO
8.) Is the Applicant oriented to time, place, person and situation? If NO, please explain:	YES	NO
9.) Is the Applicant independent in bathing and grooming? If NO, please explain:	YES	NO
10.) Does the Applicant require assistance due to visual impairment? If YES, please explain:	YES	NO
11.) Does the Applicant have periods of incontinence? If YES, can he/she manage adult undergarments independently? If NO, please describe assistance required:	YES YES	NO NO
12.) Please describe any falls or injuries the Applicant has had:		
13.) Please list any other pertinent information regarding Applicant's current functional status:		

Please be assured your replies are completely confidential and will be used only for professional purposes. If you are uncertain about any question, please make a note and you can discuss them when meeting with the Admissions Director.

Signature

Relationship

Date