RESIDENT INFORMATION AND SOCIAL HISTORY

Basic Resident Information

Full Legal Name:	Date of Birth:
Prefers to be Called:	CFH Admit Date:
Sex: Male ☐ Female ☐	Marital Status:

Does the resident have a permanent address other than that of the CFH? Yes ☐ No ☐
If Yes, please list the resident's primary address:

Emergency Contact

Name:	Relationship to Resident:
Telephone:	Email:
Mailing Address:	City, State, ZIP:

Resident Representative

Does the resident have a representative?	Yes ☐ (complete section)	No ☐ (skip section)
Legal Guardian ☐	OR	Power of Attorney ☐
Representative's Name:		
Email Address:		
Phone Number:		
Mailing Address:		

A copy of the document appointing the representative must be maintained in the resident's records.

Social History: (hobbies, interests, relationships, likes, dislikes, etc.)

Medical History: (information useful in emergencies or requested to be kept on file)

Healthcare Professionals

Name and Contact Information:
Type of Care:

Name and Contact Information:
Type of Care:

Name and Contact Information:
Type of Care:

Pharmacy

Name and Contact Information:
Address/Location:

Supportive Services *(any individual/agency providing other paid services to the resident)*

Name and Contact Information:
Services Provided to the Resident:

Name and Contact Information:
Services Provided to the Resident:

Name and Contact Information:
Services Provided to the Resident:

Name of the Person Who Completed This Form: