



ELDER INTAKE FORM

Date: _____

Last Name _____

First Name _____ MI _____

Date of Birth _____ Male ____ Female _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

____/Single ____/Married ____/Divorced/Separated ____/Widowed ____/Widower

Spouse's Name _____

Spouse's Date of Birth _____

Name of Emergency Contact (1) _____

Phone Number _____

Name of Emergency Contact (2) _____

Phone Number _____

Veteran ____/Yes ____/No Military Branch _____

COMMUNICATION INFORMATION:

Primary Language: /Tribal Tribe: _____

/English /Spanish /Other

Preferred Communication: /Written /Oral

Does the elder have basic literacy skills (those necessary to perform simple and everyday literacy activities)? /Yes /No

HOUSING INFORMATION:

Type of Housing: /House /Apartment /Community Housing

/Other Explain _____

Housing Composition: /Lives Alone /Lives with Spouse

/Lives with Family/Friends

/Other Explain _____

Total Number of Persons in Household: _____

Total Number of Grandchildren in Household: _____

HEALTH HISTORY:

/Asthma /Alzheimer's /Arthritis /Cancer

/Diabetes /Dementia /Chronic Pain /Falls

/High Cholesterol /Blood Pressure /Hypertension

/Other _____

Elder takes the following Medications and Times a Day:

Elder uses Prosthetic Devices:

/Walker/Cane /Wheelchair /Hearing Aid /Glasses

/Dentures /None

Income (voluntary): _____

Primary Transportation:

/Own /Relies on Family/Friends /Tribal /Other

ELDER'S INTERESTS, NEEDS AND/OR CONCERNS:

Signature