

FAMILY INFORMATION ASSESSMENT

To be completed by applicant/family **PRIOR** to admission meeting.

APPLICANT'S "FULL" NAME: _____		
First	Middle	Last
PREFERRED NAME:	ADMISSION DATE:	
SEX:	MARITAL STATUS:	S.I.N. #
HEALTH CARD #:	VERSION:	DATE OF BIRTH:
IS THE APPLICANT A VETERAN:	VETERAN'S NUMBER:	
IS THE APPLICANT A SPOUSE OF A VETERAN:	VETERAN'S NUMBER:	
IS THE APPLICANT AN ABORINGINAL:	BAND:	TREATY:
PRIMARY LANGUAGE SPOKEN:	CITIZENSHIP:	

1. DEMOGRAPHIC INFORMATION:

RESIDENCE IMMEDIATELY PRIOR TO ADMISSION – Check the one that applies: Please provide full address, <u>including postal code</u> of the last place of residence prior to admission: _____ _____ _____ _____ _____	Private Home – no home care-	
	Private home with home care	
	Retirement Home: Name:	
	Long Term Care Home Name:	
	Inpatient Acute Care Hospital Name:	
	Inpatient Rehabilitation Hospital Name:	
	Inpatient – Chronic Care Hospital Name:	
	Inpatient: Psychiatry Services Name:	
Outpatient Clinic or Emergency Department Name:		
Did Resident live alone prior to admission? ____		

2. RESIDENTIAL HISTORY

CHECK ALL THAT APPLY FOR THE FIVE YEARS PRIOR TO ADMISSION	Prior Stay at this facility	
	Prior stay at another similar level of care facility	
	Prior stay in other board and care facility (retirement home)	
	Prior stay in psychiatric facility	
	Prior stay in developmental disability facility	
	None of the above	

3. EDUCATION

CHECK THE HIGHEST LEVEL COMPLETED	No Schooling	
	8 th Grade or Less	
	9 th to 11 th Grade	
	High School Graduate	
	Technical or Trade School	
	Some College	
	Bachelor's Degree	
	Master's Degree or Higher	
Unknown		

If you have not established Powers of Attorney or a Will, we recommend you seek legal advice in order to do so.

4. POWER OF ATTORNEY FINANCE

Is there a Power of Attorney for Finance? _____ If joint, provide information for both parties

Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____	Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____
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5. POWER OF ATTORNEY – PERSONAL CARE

Is there a Power of Attorney for Personal Care? _____ If joint, provide information for both parties

Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____	Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____
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6. Does resident manage his/her own affairs? _____

7. OTHER IMPORTANT CONTACTS (IF APPLICABLE):

Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____	Name _____ Address _____ _____ Postal Code _____ Relationship: _____ Tel #: Home _____ Work _____ Other _____ E-mail _____
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8. Is there an Advance Directive or Living Will in place? _____ If so, please provide a copy.

9. Is there a Will prepared? _____ If so, where filed and who is (are) the executor(s)?

10. Does the applicant have a prearranged funeral? Yes [] No []

If yes, please note; Location _____ & Cemetery _____

11. THE APPLICANT’S NORMAL DAILY ROUTINE?

		NO	YES	UNKOWN
DAILY EVENTS	Stays up late at night (after 9pm)			
	Naps regularly during the day (at least one hour)			
	Goes out 1+ days per week			
	Stays busy with hobbies, reading or fixed daily routine			
	Spends most of the time alone or watching T.V.			
	Moves independently indoors (with mobility aids as needed)			
	Uses tobacco products daily			
EATING	Distinct Food Preferences Specify:			
	Distinct Food Dislikes: Specify:			
	Food Allergies: Specify:			
	Eats between meals most days			
	Use of Alcohol Beverages: Drinks Per Week:			
ADL PATTERNS	In bedclothes most of the day			
	Wakens to toilet all or most nights			
	Has irregular bowel movement patterns			
BATHING	Prefers Shower for Bathing			
	Prefers Bathing in PM			
	Preferred time of day for bath /shower: _____ Number of baths/showers per week: _____			
SOCIAL	Daily contact with relatives or close friends			
	Usually attends church/temple/synagogue			
	Finds strength in faith			
	Daily animal companion or presence			
	Involved in group activities			

GETTING TO KNOW OUR NEW RESIDENT – In order to enhance our strategies for quality care, please share as much as possible!

1. Preferred name, nicknames: _____

2. Briefly describe previous lifestyle (i.e. hobbies, interests, clubs (include name of club), etc.):

3. Sources of: Hope/Comfort/Joy/Inspiration/Favourite things: _____

4. Interests and hobbies (please list and describe):

5. Life role/previous occupation(s):

6. They are most proud to be known as:

7. Pets: Describe/list names. Any animal fears/dislikes?:

8. Significant Persons in Life and their relationship: are there any stresses or conflicts we should be aware of?: _____

9. Significant High Points in Life: e.g. marriage, births, achievements: _____

10. Significant Low Points in Life/Trauma: _____

11. Travel (places, events, with who), Places they have lived:

12. Is there an affiliation with a particular religion or church? (Please specify denomination, e.g. United, Anglican, Roman Catholic, etc: _____

13. Other preferences (mealtime/socialization/sleep/wake) _____

14. Do they enjoy music? Please describe favourite instruments, artists, genres, etc.:

15. Cultural affiliations and associated practices _____

16. Other pertinent information: _____

If the New Resident is anxious, or has dementia, or you are anticipating a difficult transition, please provide the following additional information:

1. **Do you have any concerns that your family member will attempt to leave the home unattended/unaccompanied?** _____

2. **Things that comfort resident when they are having a bad day:**

3. **When they feel restless they might need:**

4. **When they feel angry or agitated they might need:**

5. **When they repeat themselves they may need:**

6. **When they hide or hoard things they might need:**

7. **When they pace they might need:**

8. **When helping with their care please make the process easier by:**

Completed By _____

Date _____