

# SeniorSelectWI.com

Date:

Phone: 414-425-1493

Profile #

Fax: 414-425-6694

Preferred Occupancy: _____	Age: _____	Male: _____	Female: _____
Facility Type: _____			
Payment Source: _____	Private: _____	Semi-Private: _____	
Area looking to be placed: _____			

NOTES/HISTORY: _____
_____
_____
_____
_____
ASSESSMENT: _____

Ambulation: _____	Memory Loss: _____	Bath Asst: _____
Incontinent: _____	Special Diet: _____	Dress Asst: _____
Wandering Potential: _____	Smoker: _____	Eating Asst: _____
Med Management: _____	Hearing: _____	Transfer Asst: _____
Drug/Alcohol Use: _____	Vision: _____	Insomnia: _____
Dementia/Alzheimers: _____		Stages: _____
Diagnosis: 1.) _____	2.) _____	
3.) _____	4.) _____	

Note: The information contained herein is for preliminary discussion purposes only. A final complete assessment will follow upon acceptance.