SeniorSelectWI.com

Date: June 1, 2007 **Phone:** 414-425-1493

Profile # 27146 **Fax:** 414-425-6694

Preferred Occupancy: _____ Age: 92 Male: ____ Female: X

Facility Type: Assisted Living

Payment Source: Family Care Private: ____ Semi-Private: ____

Area looking to be placed: West Allis

NOTES/HISTORY: Put in a FC referral on 5/22

ASSESSMENT:

Ambulation Cane/walker, unsteady gait Memory Loss: Yes Bath Asst: I

Incontinent: No Special Diet: Diabetic-No Meds Dress Asst: I

Wandering Potential: _____ Smoker: _____ Eating Asst: I

Med Management: Yes Hearing: _____ Transfer Asst: I

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.