# SeniorSelectWI.com

**Date: 9/13/07** **Phone:** 414-425-1493

**Profile # 27159** **Fax:** 414-425-6694

Preferred Occupancy: End of Oct./Early Nov. Age: 76 Male: ____ Female: X

Facility Type: RCAC

Payment Source: _____ Private: ____ Semi-Private: ____

Area looking to be placed: Northwest side/West Allis

NOTES/HISTORY: Is interested in a studio apartment or one bed. Would like a bathroom in room and an apartment with services. Has aides that come in to help.

ASSESSMENT: 9/13/2007

Ambulation: Walks Memory Loss: No Bath Asst: Yes

Incontinent: _____ Special Diet: No Dress Asst: Yes

Wandering Potential: _____ Smoker: No Eating Asst: _____

Med Management: Yes-daughter calls Hearing: _____ Transfer Asst: _____

Drug/Alcohol Use: _____ Vision: _____ Insomnia: _____

Dementia/Alzheimers: _____ Stages: _____

Diagnosis: 1.) Emphysema 2.) Steriods

3.) Oxygen - Inhalers 4.)

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