ELDER INTAKE FORM

Today's Date: _____

Last name: _____

First name: _____ Middle initial: _____

Date of birth: _____ Sex: ☐ Male ☐ Female

CONTACT INFORMATION

Street address: _____

City: _____ State: _____

Zip code: _____ Phone Number: _____

Email address: _____

SPOUSE & EMERGENCY CONTACT INFORMATION

Marital status: ☐ Married ☐ Divorced/Separated ☐ Widowed

☐ Single ☐ Unknown

Spouse's name: _____

Spouse's date of birth: _____

Name of emergency contact (1): _____

Phone: _____

Name of emergency contact (2): _____

Phone: _____

COMMUNICATION INFORMATION

Primary Language: ☐ Tribal ☐ English ☐ Spanish

☐ Other ☐ Unknown

Preferred communication method: ☐ Written ☐ Oral

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

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HOUSING INFORMATION

Type of housing: ☐ House ☐ Apartment ☐Community Housing

☐ Other ☐ Unknown

Housing composition: ☐ Lives with spouse ☐ Lives with family/friends

☐ Lives alone ☐ Other ☐ Unknown

Number in household: _____

Grandchildren in household? ☐ Yes ☐ No

If yes, how many grandchildren? _____

DIETARY INFORMATION

In need of home-delivered meals (frail or home-bound): ☐ Yes ☐ No

Food allergies (if any): _____

_____

_____

Special dietary considerations: _____

_____

_____

HEALTH INFORMATION

Elder has the following chronic health concerns:

☐ Asthma ☐ Alzheimer's ☐ Arthritis ☐ Cancer

☐ Chronic pain ☐ Dementia ☐ Diabetes ☐ Falls

☐ Heart disease ☐ High cholesterol ☐ Hypertension

☐ Other: _____

_____

Elder takes the following medications and at what frequency: _____

_____

_____

_____

MISCELLANEOUS

Income (voluntary): _____

Primary transportation: ☐ Provides own transportation ☐ Relies on family/friends

☐ Uses tribal transportation ☐ Other ☐ Unknown

Elder's concerns: _____

_____

Services the elder needs or is interested in: _____

_____

_____