

Brookfield Adult Center

Member Information

Please send back or email to brookfieldadultcenter@gmail.com



Name: _____ **DOB:** _____

I would like to be addressed as:

Diagnosis:

Behaviors None Mild Moderate Severe

Description:

Dietary: Independent Needs Assistance Total Assistance

Accommodations:

Allergies:

Bathroom Needs: Independent Needs Assistance Total Care

Describe Needs:

Mobility: Ambulatory Non Ambulatory

Description:

Likes:

Dislikes:

Outings:

Favorite:

Outings Doesn't like:

Goals: Please state a few goals for member to work on

1

2

3