

# PARTICIPANT INFORMATION SHEET

**OFFICE USE ONLY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

NUM OF YEARS MARRIED: \_\_\_\_\_ MARRIED IN CITY/STATE: \_\_\_\_\_

CHILDREN NUMBER: \_\_\_\_\_ NAMES: \_\_\_\_\_

\_\_\_\_\_

PLACES LIVED: \_\_\_\_\_

PLACES TRAVELED: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NATIONALITY: AMERICAN OTHER \_\_\_\_\_

LIVING ARRANGEMENTS: INDEPENDENT: \_\_\_\_\_ CAREGIVER: \_\_\_\_\_

VETERAN: YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S FAX NUMBER: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

RELIGIOUS PREFERENCE: \_\_\_\_\_

PASTOR: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**RESPONSIBLE PARTY:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**I learned about the Day Center from: (CIRCLE WHICH ONE THAT APPLIES)**

TV

RADIO

NEWSPAPER

FRIEND

UNITED WAY

FAMILY  
MEMBER

PHYSICIAN

OTHER \_\_\_\_\_

**(CIRCLE ALL THAT APPLIES:)**

LIVING WILL

POWER OF ATTORNEY

DURABLE POWER OF ATT

CONSERVATOR

GUARDIAN

DO NOT RESUSCITATE

**ACTIVITIES OF INTEREST: (CIRCLE ALL THAT APPLIES)**

GAMES	PETS	TV	GARDENING	MUSIC	ARTS & CRAFTS	SPORTS
EXERCISE	WALKING	READING	MUSEUMS	SHOPPING	SEWING	COOKING
WOODWORK	HANDIWORK	MOVIES	PUZZLES	OTHER: _____		

CLUBS, ORGANIZATIONS & VOLUNTEERISM: \_\_\_\_\_

**CIRCLE ONE THAT APPLYS:**

HISTORY OF TB OR POSITIVE TB SKIN TEST:	YES	NO
AT RISK FOR HIV INFECTION:	YES	NO
WEIGHT LOSS OR GAIN IN THE LAST 6 MONTHS:	YES	NO
IS THERE A DNR (Do Not Resuscitate) ORDER?	YES	NO

**HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING HEALTH PROBLEMS:  
(CIRCLE ALL THAT APPLIES)**

Diabetes	Depression	Heart Disease	Heart Attack	His of Alcohol	Kidney Problems	
Heart Failure	Alz Disease	Stroke	Inab to Speak	His of Comb	Thyroid Prob	Dizziness
Chr Lund Dis	High Blood	Pneumonia	Mem Problem	Oth Beh Prob	Anemia	Multiple Sclerosis
Stomach Prob	Paralysis	Bowel Prob	JP/Arthritis	Oth Case Prob	Fractures	Headaches
Park Disease	Urn Infection	Diarrhea	Head Injury	Seizures	Pacemaker	Constipation
Skin Problem	Osteoporosis	Incontinence				

Hernias---Specify Location: \_\_\_\_\_

Cancer--Specify: \_\_\_\_\_

Other: \_\_\_\_\_