New Brighton Personal Care Home

701 Penn Ave
New Brighton, PA 15066

PERSONAL CARE HOME REFERRAL FORM

1. Referral Type

- ☐ Self-Referral (Individual applying for themselves)
- ☐ Family Referral
- ☐ Hospital/Agency Referral
- ☐ Other: _____

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2. Resident Information

Full Name: _____
Date of Birth: ____ / ____ / _____
Age: _____
Gender: ☐ Male ☐ Female ☐ Other

Current Address:

Phone Number: _____

Primary Language: _____

Emergency Contact Name: _____
Relationship: _____
Phone Number: _____

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3. Referral Source (if not self)

Name of Person Referring: _____
Organization (if applicable): _____
Phone Number: _____
Email: _____

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4. Reason for Referral

(Select all that apply)

- ☐ Difficulty living independently
- ☐ Needs assistance with daily activities (ADLs)
- ☐ Safety concerns
- ☐ Caregiver unable to continue care
- ☐ Recent hospitalization
- ☐ Cognitive decline (e.g., memory issues)
- ☐ Other: _____

Additional Details:

5. Medical Information

Primary Diagnosis/Conditions:

_____

Secondary Conditions:

Current Medications (if known):

Primary Care Physician: _____
Physician Phone Number: _____
Physician Adress: _____

6. Functional Status

Does the individual require assistance with:

Activity	Yes	No
Bathing	☐	☐
Dressing	☐	☐
Eating	☐	☐
Toileting	☐	☐
Mobility/Walking	☐	☐
Medication Management	☐	☐

Uses Assistive Devices: ☐ Yes ☐ No
If yes: ☐ Walker ☐ Cane ☐ Wheelchair ☐ Other: _____

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7. Cognitive & Behavioral Status

- ☐ Alert & Oriented
- ☐ Mild Memory Impairment
- ☐ Dementia/Alzheimer's
- ☐ Confusion/Disorientation
- ☐ Behavioral Concerns (agitation, wandering, etc.)

Details:

8. Financial Information

Payment Source (check all that apply):

- ☐ Private Pay
- ☐ SSI/SSDI
- ☐ Veterans Benefits
- ☐ Other: _____

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9. Preferred Move-In Timeline

- ☐ Immediate
- ☐ Within 30 days
- ☐ 1–3 months
- ☐ Planning ahead

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10. Special Needs or Preferences

- ☐ Special Diet: _____
- ☐ Religious/Cultural Preferences: _____
- ☐ Room Preference: ☐ Private ☐ Shared
- ☐ Other Requests: _____

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11. Consent & Signature

I certify that the information provided is accurate to the best of my knowledge.

Name: _____
Signature: _____
Date: ____ / ____ / _____