Questions For Move In Paperwork

Name: _____

Room #_____House #_____

Room Size: _____ Rent $ _____ Level: _____

Date Of Admission: _____ Move In Date: _____

1. DOB: _____

2. Medication Allergies: _____

3. Food Allergies: _____

4. Current Pharmacy _____ Switch To
   CWD: Yes or No

5. Photo: YES NO Not Sure At This Time

6. Favorite Color/Nick Name For Room Sign: _____ _____

7. Furniture Wanted: Dresser- Night Stand- Lamp- Twin Bed- Chair

8. Shower Preference: AM or PM or No Preference

9. Current Physician: _____
   Address: _____ Phone: _____ Fax _____

10. DNR Status _____

11. Name And Address Of POA:

    Name: _____
    Address _____
    Phone: _____ Cell: _____
    Relationship: _____

    Email Address for POA: 1st. _____ Medical or Financial
    2nd. _____ Medical or Financial

Relative Details: _____

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