



Prospective Resident Form

Today's Date: _____ Preferred Location: _____

Name of Prospective Resident: _____

Age: _____ Sex: _____ Ht./Wt.: _____

Date of Birth: _____ Previous Occupation: _____

Spouse (how many years married or widowed): _____

Responsible Party: _____ Email Address: _____

Phone #: _____

Address: _____

Current Location of prospective resident (address): _____

Current living arrangement/precipitating event: _____

Medical Problems/ Diagnosis/ Surgeries (w/dates): _____

Ambulatory: _____ Diet: _____

Continence: _____ Sociability: _____

Cognitive capacity: _____ Primary language: _____

Level of activity: _____ Sleep pattern: _____

Activities of daily living and other activities with which resident needs assistance: _____

Ability to evacuate in case of an emergency (needs assistance): _____

Referral Source: _____

Date room needed: _____ If no rooms, interested in waiting list? _____

PLEASE MAIL OR FAX THIS FORM TO:
Fidelis Care Group • 4636 Sanford Street • Metairie, Louisiana • 70006 • Fax: 504-617-7505