

# Resident Face Sheet



**Resident Name:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_

**Home Health/Hospice:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Nurse:** \_\_\_\_\_ **CNA:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Activity Level

- \_\_\_\_\_ Ambulate Alone
- \_\_\_\_\_ Ambulate with Assistance
- \_\_\_\_\_ Appliances required
- \_\_\_\_\_ Transfers Alone
- \_\_\_\_\_ Transfers with Assistance
- \_\_\_\_\_ Total Care

## Mental Status

- \_\_\_\_\_ Alert and Oriented
- \_\_\_\_\_ Disoriented
- \_\_\_\_\_ Confused
- \_\_\_\_\_ Aggressive (Agitated)
- \_\_\_\_\_ Other

## Level of Care I II III

- \_\_\_\_\_ Living Will
- \_\_\_\_\_ Comfort One

## Diet:

- \_\_\_\_\_ Regular Diet
- \_\_\_\_\_ Low Salt
- \_\_\_\_\_ Low Conc. Sweet