

## RESIDENT INFORMATION AND SOCIAL HISTORY

Full Legal Name:	Date of Birth:
Prefers to be Called:	Date Admitted to CFH:
Place of Birth:	
Religious Affiliation (optional):	
Gender:	Marital Status:
Does the resident have a permanent address other than that of the CFH? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
If Yes, please list resident's address:	

<b>Does the Resident Have a Legal Guardian?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Name of Legal Guardian:	
Legal Guardian Address:	
Legal Guardian Phone Number:	
Legal Guardian Email Address:	

*A copy of the guardianship document must be included in the resident records.*

<b>Has the Resident Delegated Power of Attorney (POA) To Any Person?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Name of POA:	
POA Address:	
POA Phone Number:	
POA Email Address:	

*A copy of the POA document must be included in the resident records.*

**Social History: (hobbies, interests, relationships, likes, dislikes, etc.)**

**Emergency Contacts**

Name:	Relationship to Resident:
Telephone:	Email:
Name:	Relationship to Resident:
Telephone:	Email:

**Health Care Professionals**

Name:	Telephone:
Services Provided to the Resident:	
Name:	Telephone:
Services Provided to the Resident:	
Name:	Telephone:
Services Provided to the Resident:	

**Pharmacy**

Name:	
Address/Location:	Telephone:

**Supportive Services** *(any individual/agency providing supportive services to the resident)*

Name:	Services Provided:
Address:	Telephone:
Name:	Services Provided:
Address:	Telephone:

<b>Name of the Person Completing This Form:</b>
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