ALCharts Plus
Assisted Living Software

DATA / INTAKE
Face sheet

DNR _____ **Full Code** _____

Demographics

Resident Name First M.I. Last | Date of Birth _____/_____/_____ | Social Security Number ___ ___ ___-___ ___-___ ___ ___ ___

Address City State Zip Code Room / Apartment Phone Number

Primary Diagnosis | Allergies

Sex Male Female | Race | Marital Status | Smoke _____ Alcohol _____ | Referral Date _____/_____/_____ | Admission Date _____/_____/_____

Has Living Will Yes ___ No ___ | Power of Attorney Health Care Yes ___ No ___ Activated Yes ___ No ___ Name _____ | Power of Attorney Financial Yes ___ No ___ Name _____

Guardian Appointed _____ Case Manager _____

Family

Family First Last (primary contact person) | Relationship | Home Phone

Address | Work Phone | Cell

Family First Last | Relationship | Home Phone

Address | Work Phone | Cell

Family First Last | Relationship | Home Phone

Address | Work Phone | Cell

Insurance

Insurance Medicare Medicaid Other | Medicare Number | Medicaid Number | Vet Yes ___ No ___

Other Insurance | Number

Care Manager | Number

Physician

Primary Physician | Pager / Cell | Phone Number

Address | Fax Number

Consulting Physician | Phone Number

Dentist Phone Number | Podiatrist Phone Number | Optometrist Phone Number

Hospital | Phone Number

Providers

Funeral Home | Address | Phone Number

Medical Equipment Co. | Fax Number | Phone Number

Pharmacy | Fax Number | Phone Number

Social

Community Resources / referrals

Day Care _____ Home Care _____ Therapy _____ Other _____

Religion | Clergy | Phone Number

Other