



THE TERRACES AT SKYLINE

Admission Check List

First and Last name: _____

Apartment Number: _____ #1242

Marital Status: Single Married Divorced Widowed

Race: _____

Level of Care: Assisted Living Catered Assisted Living Memory Support

Financial move in date: _____ Physical move in date: _____

Moving From: _____

Birth Date: _____

Wedding Anniversary (if applicable): _____

Social Security Number: _____

Medicare Number: _____

Name of Insurance Company: _____

Insurance ID #: _____

Pharmacy: _____

Primary Care Physician: _____

Following Physician while in the Terraces Community: _____

Allergies: _____

Address for forwarding purposes: _____

Funeral Home: _____ Phone: _____

Emergency Contact Information:

1) Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

2) Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

RESIDENT PROFILE INFORMATION

Occupation: _____

Where: _____

Most Recently Lived: _____

Birthplace: _____

Education (highest level completed): _____

Name of School/College: _____

Spouse's Name: _____

Children's Name(s): _____

Number of Grandchildren: _____

Church/Denomination: _____

Armed Forces/Branch: _____

Customary Routine

Sleeps in late (after 8am)

Stays up late (after 8pm)

Stays busy without cueing

Prefers group activities

Prefers 1:1 activities

Has regular contact with a relative(s)

Has regular contact with a friend(s)

