

Friends Gathering Respite Care Participant Enrollment Form

Date of Application: _____

Start Date: _____

Discharge Date: _____

Participant's Name: _____
Last First Middle Initial Preferred Name

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: S M W D

Care Giver's Name: _____

Address: _____
City State Zip

Preferred Phone: _____ Email: _____

In Case of Emergency Notify:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____
Cell/Work Phone: _____

Alternate Emergency Contact Person: _____ Phone: _____

Criteria for Successful Participation

Is the above named participant:

Mobile? Yes No Comment: _____

Continent? Yes No Comment: _____

Able to chew and swallow? Yes No Comment: _____

Able to verbalize needs? Yes No Comment: _____

Prone to wandering? Yes No Comment: _____

Comfortable with a group? Yes No Comment: _____

Prone to violent outbursts? Yes No Comment: _____

*Any changes in participant should be discussed immediately with Friends Gathering Respite Group director.

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Medical Information

Food/Drug/Pet Allergies: _____

Current Diagnosis: _____

Diabetic?: _____

Hospital Choice in case of Emergency: _____

Family/Social Information

Birth Place: _____ Religion: _____

Spouse: _____ Military Service: _____

Previous Occupation: _____ Education: _____

Participant Special Interests and Other Information

Likes to do: _____

Does not like to do: _____

Hobbies/Clubs: _____

Any talents (plays musical instrument, writes poetry, etc.): _____

Owns a pet? Y N What kind of pet: _____ Likes dogs? Y N

Other information you would like to tell us: _____

How did you hear about our program: _____

As a caregiver, would you be interested in attending a support group once a month during the Friends

Gathering Respite Group meeting time? Y N

Completed by (printed name)

Signature

Relationship

Date