GROUP HOME/WAIVER RESIDENT INTAKE FORM
To be taken to medical appointments and to Emergency Room visits.

Resident Name: ______________________________ Date: ______________

Chief Complaint: ______________________________________________________________________________________

Date of Birth: ______________ Last Tetanus: ______________

Pneumovax date given: ______________ Influenza vaccine: ______________

Code Status (attach copy of Advance Directive if available): ______________________________________________________________________________________

Allergies: __________________________________________________________________________________________

Primary Care Physician name and phone #: __________________________________________________________________

Provider Contact Person name and phone #: __________________________________________________________________

Is resident competent to consent for medical treatment? Please circle YES NO

If no, please provide Guardian or Healthcare Rep name and phone number:

Guardian/HCRp Name: __________________________________ Phone #: ________________________________________

Past Medical & Surgical History:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Current Medications or MAR:
Attach current Medication Administration Record or additional pages if necessary

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<thead>
<tr>
<th>Medication Name/Strength</th>
<th>Dosage</th>
<th>Route</th>
<th>Directions/Frequency</th>
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Outreach for general community use