



Health Care Ala Carte
Resident Information Sheet
ConnectCare
320-234-5031

Name: _____ DOB: _____ MC# _____

Apt Name: PT PP Apt Number: _____ Contact Name: _____

Relationship: _____ Phone #: _____

Address: _____

Second Contact: _____ Phone # _____

Primary MD : _____ Phone # _____

Medical History: _____ Allergies: _____

Height: _____ Weight: _____ MA # if applicable _____

Self Assessment: Self Sufficient: Needs Supervision: Needs Assistance (describe)

Walking: _____ _____ _____

Eating: _____ _____ _____

Medications: _____ _____ _____

Dressing: _____ _____ _____

Bathing: _____ _____ _____

Oral Hygiene: _____ _____ _____

Housekeeping: _____ _____ _____

Laundry: _____ _____ _____

Shopping: _____ _____ _____

Do you use any special equipment? Yes No Equipment: _____

ConnectCare provides on-site home health care services at Park Towers and Prince of Peace.

I would like to receive more information about ConnectCare services.

Signature: _____ Date: _____