



# Prospective Resident Form

Today's Date: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

Name of Prospective Resident: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht./Wt.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Spouse (how many years married or widowed): \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Current Location of prospective resident (address): \_\_\_\_\_

Current living arrangement/precipitating event: \_\_\_\_\_

\_\_\_\_\_

Medical Problems/ Diagnosis/ Surgeries (w/dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ambulatory: \_\_\_\_\_ Diet: \_\_\_\_\_

Continence: \_\_\_\_\_ Sociability: \_\_\_\_\_

Cognitive capacity: \_\_\_\_\_ Primary language: \_\_\_\_\_

Level of activity: \_\_\_\_\_ Sleep pattern: \_\_\_\_\_

Activities of daily living and other activities with which resident needs assistance: \_\_\_\_\_

\_\_\_\_\_

Ability to evacuate in case of an emergency (needs assistance): \_\_\_\_\_

Referral Source: \_\_\_\_\_

Date room needed: \_\_\_\_\_ If no rooms, interested in waiting list? \_\_\_\_\_

**PLEASE MAIL OR FAX THIS FORM TO:**  
Fidelis Care Group • 4636 Sanford Street • Metairie, Louisiana • 70006 • Fax: 504-617-7505