

PRE-ADMISSION QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Are you allergic to any medication? \_\_\_\_\_ If so please list below  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication you are taking (including over the counter medications)

Medication	Frequency	Reason
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Have you had the Flu vaccine? \_\_\_\_\_ Date \_\_\_\_\_  
Have you had "Pneumonia" Vaccine? \_\_\_\_\_ Date \_\_\_\_\_  
Have you had Tetanus vaccine? \_\_\_\_\_ Date \_\_\_\_\_  
Have you had any exposure to T.B? \_\_\_\_\_ If yes, when \_\_\_\_\_  
Have you had Hepatitis? \_\_\_\_\_  
How often do you see your physician? \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Optometrist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Podiatrist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Are you seen by any specialists? \_\_\_\_\_ If yes, please list below  
Name \_\_\_\_\_ Phone \_\_\_\_\_

How many meals do you have each day? \_\_\_\_\_ Do you prepare them? \_\_\_\_\_  
Do you have any food allergies? \_\_\_\_\_ If yes, list below  
\_\_\_\_\_  
\_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If so, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Do you live alone? \_\_\_\_\_ Do you drive a car? \_\_\_\_\_  
Do you walk outside? \_\_\_\_\_ By yourself? \_\_\_\_\_  
Do you have difficulty climbing stairs? \_\_\_\_\_  
Do you do your own housekeeping? \_\_\_\_\_ Shopping? \_\_\_\_\_  
How often do you bathe? \_\_\_\_\_ Tub? \_\_\_\_\_ Shower? \_\_\_\_\_

How many hours do you sleep at night? \_\_\_\_\_  
What is your usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_  
Do you have problems with your bladder? \_\_\_\_\_ Bowels? \_\_\_\_\_  
What do you do with your leisure time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking admission to Daggett Crandall Newcomb Home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have concerns about living at Daggett Crandall Newcomb Home?  
\_\_\_\_\_  
\_\_\_\_\_

Did you have assistance preparing this questionnaire? \_\_\_\_\_  
If so, name and telephone number of person assisting you \_\_\_\_\_  
\_\_\_\_\_

Please use additional sheet, if necessary.

