

**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 the "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, list below

Name	Phone
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How many meals do you have each day? \_\_\_\_\_ Do you prepare them? \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_ if yes, list below

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

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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? \_\_\_\_\_

Do you need assistance bathing? \_\_\_\_\_

How many hours do you sleep at night? \_\_\_\_\_

What is your usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Do you have problems with your bladder? \_\_\_\_\_ Bowels \_\_\_\_\_

**PREADMISSION QUESTIONNAIRE**

What do you do with your leisure time? \_\_\_\_\_

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

Did you have assistance preparing this questionnaire? \_\_\_\_\_

If so, name and telephone number of person assisting you

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Please use additional sheet, if necessary.