MENTOR SENIOR CENTER

Special Elders Enrollment Form

Today's Date: _____ Original Intake Date: _____

Name: _____ _____
First Last

Date of Birth: _____ Phone Number: _____
M/D/Y

Email: _____

Address: _____

_____ _____
City Zip

Occupation: _____

What Support Services do you receive at home?

_____

Living situation:

_____

Caregiver Information

Name: _____ _____
First Last

Phone Number: _____ Relationship to Senior: _____

Email address: _____

Emergency Contact 1

Name: _____ Hall
First Last

Phone Number: _____ Relationship to Senior: _____

Additional Information:

_____

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Medical Conditions:

Memory Issues:

Have you been diagnosed with dementia? ☐ Yes ☐ No Please state severity:

Physical Challenges:

Allergies:

Epidural pen? ☐ Yes ☐ No Location of pen?

Blood thinners? ☐ Yes ☐ No Name of Drug:

Diabetic? ☐ Yes ☐ No Instant glucose? ☐Yes ☒ No Location:

Do you carry an inhaler: ☐ yes ☐ no Location:

What Assistance do you need from Special Elders?

What Brings you to the Senior Center?

Socialization: ☐ yes ☐ no *Intellectual Activities:* ☐ yes ☐ no *Health and Wellness Activities:* ☐ yes ☐ no

Other Senior Support Services:

Activity Interest: ☐Bingo ☐Cards ☐ Exercise ☐ Pool ☐ Crafts ☐Puzzles ☐Reading

Other:

Transportation: How will you get to the senior center? Daughter brings and picks him up.

Laketran: ☐ yes ☐ no *Caregiver/driver:* ☐ yes ☒ no *I drive:* ☐ yes ☒ no

Laketran schedule: drop off time: pick up time:

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Notes:

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