

New Resident Information File

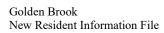


Thank you for choosing Golden Brook for the care of your loved-one. We appreciate your confidence in Golden Brook to provide the best memory care available.

Please complete the following information for our records.

RESIDENT INFORM	<u>1ATION</u>			
Name:				
Date of Birth:				
Height:			Weight:	
Social Security:				
Religious Preference	:			
Active DNR:	YES	NO	Please provide copy, if yes	
PHYSICIAN INFOR	<u>MATION</u>			
Physician Name			Specialty:	
Phone #:				
Physician Name			Specialty:	
Phone #:				
Physician Name			Specialty:	
Phone #:				
Dentist Name			Specialty:	
Phone #:				
GENERAL RESIDE	NT INFORMAT	TION		
Hobbies:				
Past Occupation/Trac	de:			
General Likes/Dislik	es:			

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RESIL	DENT DIET HI	STORY						
1.	Have you bee	en on a special o	diet within the	past 60 d	lays?			
		es N			d?			
2.					discom	fort? _		
3.		any religious re						
4.		ges do you like						
	Breakfast:							
	Lunch							
	Dinner							
5.	What are you	r favorite meals	s? (Circle eacl	n)				
	Roast Beef	Veal	Beef Stew	Tuna	Pork	Ham	Sausage	Salmon
	Chicken	Pork Chops	Turkey	Cornec	d Beef	White	Fish	Crab Cakes
	Ground Beef	Other						
6.	Do you have	difficulty chew	ing or swallow	ving? Y	es	_	No	
7.	What are you	r favorite veget	ables? (Circle	each)				
	Broccoli	Brussel Sprou	ıts	Spinac	h		Corn Lim	a Beans
	Cabbage	Green Beans	CarrotsCucu	mbers	Zucchi	ni	Tomatoes	Wax Beans
	Cauliflower	Other						



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8.	Do you like fr	ruit?	Yes	No	Favorites		
9.	Do you like so	oups?	Yes	No	Favorites		
10.	. Which of the	followii	ng starches do	you like? (Circ	le each)		
	Pasta	Rice	Yams	Baked Potato	es	Boiled Potato	oes
	Noodles	Sweet	Potatoes	Other			
11.	11. Do you drink the following juices? (Circle each)  Orange Prune Tomato Apple Grapefruit Cranberry  V-8 Other						
12.	12. Do you eat the following cheeses? (Circle each)  Cottage American Swiss Cheddar Other						
13.	13. Do you enjoy desserts? (Circle each)						
	Pie Ice Cro	eam	Sherbet	Other			



## RESIDENT ID CARD FRONT OF CARD

## RESIDENT ID CARD BACK OF CARD



# HEALTH INSURANCE ID CARD FRONT OF CARD

HEALTH
INSURANCE ID
CARD
BACK OF CARD



### COVID-19 **VACCINATION CARD - FRONT OF** CARD

COVID-19 **VACCINATION CARD - BACK OF CARD** 



#### RESIDENT MONEY AND PROPERTY NOTICE

This facility will not be responsible for money or personal property. We recommend that the Resident keeps no money in the facility at any time. No employee shall keep any personal belongings or money for any Resident.

The Residential Facility Administrator, owner or staff shall not accept appointment as guardian or conservator of the estate of any Resident, become a substitute payee for any payments made or accept an appointment as attorney in fact for any Resident.

NO MONEY WILL BE HELD BY THIS FACILITY ON BEHALF OF ANY RESIDENT. NO RESIDENT SHALL LEND MONEY TO AN EMPLOYEE OF THIS FACILITY.

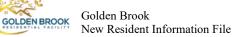
Resident/Responsible Party (Signature)	Date	
Resident/Responsible Party (Printed Name)	Date	
Golden Brook	Date	



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#### MEDICATION SUPERVISION AUTHORIZATION

authorize Golden Brook to retain and supervise the administration	n of my medications.
Resident/Responsible Party (Signature)	Date
Resident/Responsible Party (Printed Name)	Date



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#### **NEGATIVE COVID-19 TEST**

I will supply a NEGATIVE COVID-19 test 3-days prior to move-i	in to the Golden Brook Care Home
Resident/Responsible Party (Signature)	Date
Resident/Responsible Party (Printed Name)	Date



#### HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Use or Disclosure of Protected Health Information

I authorize Golden Brook Residential Facility to receive and/or disclose my protected health information as outlined below:

Golden Brook is allowed to receive all medical information from any doctor, hospital, clinic or

	other person/facility who has provided medical	services to me within the last year.	
•	Golden Brook is allowed to disclose my person	nal medical information to the followi	ng:
records be in fo	nedical information may be used by the person I is, admission requirements, file copies or other process and effect until the last day of Residency at sponsible Party, at which time this authorization	ourposes as I may direct. This authorize the Golden Brook or when terminated by	zation shall
a revoc authori this au	rstand that I have the right to revoke this authorization is not effective to the extent that any persization. I understand that my Admission to the I thorization. I understand that information used closed by the recipient and may no longer be pro-	son or entity has already acted in relia Facility will not be conditioned on whall or disclosed pursuant to this authori	ance on my ether I sign
Signati	ure of Resident or Responsible Party	Date	
Printed	l Name of Resident or Responsible Party	_	



#### **Move-in Checklist**

#### **Facility Provided**

Golden Brook

#### **Room Furnishings**

Television

Chair

Trash Can

Dresser

Room Décor

Table light

Nighlight

#### **Bedding**

Twin bed sheets – two sets

Comforter – two

Pillows - two

Pillowcases – four

Mattress pads – two

Mattress protector – two

#### **Towels**

Bath towels - four

Wash cloths - four

Face towels - four

#### **Toilet/bathroom supplies**

Shampoo

Toothpaste

Powder

Body lotion

Tissues

Hand soap

Toothbrush

#### Common Area

Television

Common area telephone

Laundry soap - Tide

#### Family Provided - if desired

#### **Room Furnishings**

Personal phone

Personal photos/pictures for wall

Collectibles (no sharp or glass please)

#### **Bedding**

Heating blanket

Personal bedding

#### **Towels**

Anything personal

#### **Toilet/bathroom supplies**

Electric razor only

Hair brush/comb

Personal soap

Continence supplies – briefs/depends,

gloves, chucks, baby wipes - we offer a

Continence program for convenience as

an add-on

#### **Clothing**

At least seven days of clothing

Underwear/undergarments - seven

**Sweaters** 

Coats

Shorts - four pair

T-shirts - seven

Night gowns/pajamas - four

Bathrobe - two

Slippers

Comfortable Shoes/sneakers

Sweat pants - two

Special laundry soap for allergies