



## PERTINENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### SOCIAL HISTORY

Recreational Drug Use: Current/Past/Never

Smoking: Currently Past Never Packs/Day \_\_\_\_\_

Alcohol: Currently Past Never Drinks/Day \_\_\_\_\_

**List ALL MEDICATIONS you take, including Over-The-Counter (OTC) medications and supplements. Include specific doses and when taken. If you don't know, please call your pharmacist to confirm.**

#### Medications

#### OTC and Supplements

---



---



---



---



---



---



---



---



---



---

### PERSONAL MEDICAL HISTORY: (Please circle/fill in all that apply)

ADHD	COPD	High Cholesterol	Peptic Ulcer
Alcoholism	Dementia	HIV	Psoriasis
Allergies, Seasonal	Depression	Hepatitis	Pulmonary Embolism (PE)
Anemia	Diabetes: 1 or 2	Irritable Bowel Syndrome	Rheumatoid Arthritis
Anxiety	Diverticulitis	Kidney Stones	Sciatica
Arrhythmia (irregular heart)	DVT (Blood Clot)	Kidney Disease	Seizure Disorder
Arthritis	Eczema	Lupus	Sleep Apnea
Asthma	Emphysema	Liver Disease	Stroke
Bipolar	Gallstones	Macular Degeneration	Thyroid Disorder
Bladder problems	GERD (Acid Reflux)	Migraines	Ulcerative Colitis
Bleeding Problems	Glaucoma	Nosebleed	
Cancer: _____	Heart Disease	Neuropathy	
Carpal Tunnel	Heart Attack (MI)	Osteoporosis	
Headaches	Hiatal Hernia	Parkinson's Disease	
Crohn's Disease	High Blood Pressure	Peripheral Vascular	

Last Menstrual Period	Yes/No	Normal
	Date: _____	Abnormal
Colonoscopy	Yes/No	Normal
	Date: _____	Abnormal
Mammogram	Yes/No	Normal
	Date: _____	Abnormal
Dxa (Bone Density)	Yes/No	Normal
	Date: _____	Abnormal

## Pertinent Information – page 2

**Other medical problems not listed above:**

---

---

**Surgical History: Please list all prior surgeries and approximate dates performed**

---

---

---

**List other medical providers you see on a regular basis (i.e. Cardiologist, Mental Health Provider, Kidney Doctor, etc.)**

---

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider reviewed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# GUIDELINES

## For Personalizing Residents' Rooms

Comfort Keepers' rooms are furnished with a bed, over bed table, nightstand, wardrobe closet and a 3 -drawer chest. We encourage personalizing residents' rooms by allowing residents or family members to bring in **limited** familiar items that will help create a homelike atmosphere. However, we realize space is limited, and in an effort to avoid clutter, we have provided the following list of guidelines to assist you in your planning.

### Items to bring:

- A two-week supply of clothing. Bring clothing in a heavy duty plastic bag, with name attached, directly to the Admissions' Department on the day of admission.
- Non skid slippers and when appropriate, proper fitting shoes.
- Additional clothing as needed, according to space availability. Remember all new clothes must be labeled. (See other side for summary of clothing/laundry policy.)
- A hamper if family is doing laundry.

### Optional items:

- Television, recommend no larger than 19" (22" flat screen) with a size appropriate stand.
- Small inexpensive items such as radios, head phones, clock, etc.
- Surge protectors with circuit breakers.
- Other items may be considered on an individual basis.

### Not permitted due to safety risk:

- Refrigerators
- Any electrical devices that could cause problems
- Extension cords (See above re: surge protectors)
- Cloth covered chairs
- Sharp objects and weapons of any kind

### Important points:

- All items large and small should be labeled.
- Personally owned items such as wheel chairs, walkers, recliners must meet facility approval. If approved, family is responsible for delivery, repair, and removal.
- Storage is not permitted on the floors or under beds.
- All items must be at least 18" from the ceiling.
- Please keep valuable items at home. Comfort Keepers is **not** responsible for loss of any valuables.

**Thank you for your consideration. We invite you to call upon staff if you need assistance.**



## Summary of Clothing/Laundry Policy

1. Families should bring a two-week supply of clothing for the resident on the day of admission. This should include 14 complete changes of clothes and appropriate undergarments.

(Additional clothing may be necessary considering the continence level of the resident.)

2. On the day of admission, **please bring clothing directly to the Admission Department**. The clothing will be picked up by laundry staff. They will label and inventory each item of clothing. The clothing will then be delivered to the resident's room.

3. You may bring additional clothing as needed according to available space. Laundry staff will label and inventory these items, then deliver them to the resident's room.

You can also bring new items between **3:00 PM - 6:00 PM Monday through Friday**. The staff will label and inventory the clothing while you wait.

4. Please select clothing that is wash and wear. Comfort Keepers is not equipped to iron or press clothing, or handle clothing, with special laundering requirements, such as dry clean only, wash in cold water, hand wash, gentle cycle etc.

5. Please remember that every item of resident clothing must be labeled, even if the resident or family plans to do the laundry.

**Note: Never leave unlabeled clothing in the resident's room.**

### VISITING HOURS

*General Visiting Hours:*

*Week Days: Monday thru Friday*

*Time: 3:00 PM – 6:00 PM*

*Week Ends: Saturday and Sunday*

*Time: 1:00 PM – 6:00 PM*

***Family members can request after hours visits.***

***We encourage family members to visit their relative regularly.***

***Any resident who is out for the week-end should try to return by 5:00 PM on Sunday***



# COMFORT KEEPERS SENIOR CARE

## Promissory Agreement

I, \_\_\_\_\_ agree to pay \$ \_\_\_\_\_ a month to Comfort Keepers Senior Care for my elderly relative/friend \_\_\_\_\_ on or before the 5th of each month.

I, \_\_\_\_\_ accept responsibility for my relative(s) or friend \_\_\_\_\_ while he or she is a client at Comfort Keepers Senior Care. This will include the monthly fees, transportation, toiletries, medications, Doctors visits, Hospital and all unforeseen circumstances that may have changed or worsen the patient's health condition.

All clients that are under our care are not allowed to leave the premises unless they are in the company of a relative or companion who would be responsible for the safety of the said patient while he or she is off the premises.

Please feel free to call or discuss with management regarding any problems, concerns or matters which you may feel are warranted.

- We have an open door policy
- We will care for your relative like our own
- We are committed to providing a caring, loving, compassionate, comfortable, and respectful home for your loved ones
- Comfort Keepers is designed to provide an encouraging and comprehensive continuum of services
- We have a highly trained staff

By signing this contract you are accepting all responsibility for the expenses.

- I hereby give my consent for my relative to stay at Comfort Keepers Senior Care.
- I hereby give my consent to stay at Comfort Keepers Senior Care.

Patient Signature: \_\_\_\_\_

Relative Signature (if any): \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency # \_\_\_\_\_

Owner/Manager Signature: \_\_\_\_\_