



**PLEASE COMPLETE AND RETURN**

**ALOHA DAY CLUB – ACTIVITIES FORM**

Participant Name \_\_\_\_\_ Nickname \_\_\_\_\_

Diagnosis \_\_\_\_\_

Precautions / Comments \_\_\_\_\_

**PERSONAL INFORMATION:**

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Birthplace \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Marital Status M S D Widow/er How Long? \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Names of Children \_\_\_\_\_

Place of Residence \_\_\_\_\_

People (#/Names) in Household \_\_\_\_\_

**BACKGROUND INFORMATION:**

Where are you originally from? \_\_\_\_\_

Number/Names of Siblings \_\_\_\_\_

Significant Family History \_\_\_\_\_

Education Level \_\_\_\_\_ Occupation \_\_\_\_\_

Veteran \_\_\_\_\_ What Branch? \_\_\_\_\_

Age at Retirement \_\_\_\_\_ Adjustment to Retirement (good/hard/how time was spent): \_\_\_\_\_

**INTERESTS / HOBBIES:** (Please check any / all that apply, describe where applicable.)

<input type="checkbox"/> <b>Life Skills</b>	<input type="checkbox"/> <b>Group Interaction</b>	<input type="checkbox"/> <b>Physical</b>
<input type="checkbox"/> Sewing / Knitting	<input type="checkbox"/> Music / Singing	<input type="checkbox"/> Individual/Group Exercise
<input type="checkbox"/> Cooking / Baking	<input type="checkbox"/> Trivia / Games	<input type="checkbox"/> Dancing
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Walking
<input type="checkbox"/> Gardening, Floral Arrang.	<input type="checkbox"/> Books / Newspaper	<input type="checkbox"/> Group Exercise
<input type="checkbox"/> Painting / Crafts	<input type="checkbox"/> Pets _____	<input type="checkbox"/> Travel _____
<input type="checkbox"/> Carpentry / Fixing Up	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Play Instrument _____		
<input type="checkbox"/> Other _____		

What are you known for being good at / interested in? \_\_\_\_\_

If you could do anything, what would it be? \_\_\_\_\_

**COMMUNITY INVOLVEMENT:** Were you a member of any social organizations? (Rotary, Elks, religious, garden, bridge, clubs) \_\_\_\_\_

Did you participate in any community, volunteer or charitable organizations? \_\_\_\_\_

**SOCIAL INFORMATION:** Goals of family / participant: (socialization / stimulation, exercise, family respite, etc.) \_\_\_\_\_

Personality Traits / Social History: (introvert / extrovert, etc.) \_\_\_\_\_

**PLEASE COMPLETE AND RETURN – 2 sides**

**Office Use Only**  
Day(s) \_\_\_\_\_  
Start \_\_\_\_\_  
End \_\_\_\_\_

**ALOHA DAY CLUB – ADMISSION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_ Living Arrangement \_\_\_\_\_

Marital Status M \_\_\_ S \_\_\_ D \_\_\_ Widow/er \_\_\_ Religious Affiliation: \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

**CAREGIVER/CONTACT PERSON INFORMATION**

**1. Caregiver** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
(Mark a \* by best daytime phone.)

**2. Alternate contact person** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
(Mark a \* by best daytime phone.)

**EMERGENCY INFORMATION**

**We are strictly a social model program. Below medical information is for EMS professionals only in case of emergency.**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Power of Attorney for Health Care Yes \_\_\_ No \_\_\_ Living Will Yes \_\_\_ No \_\_\_

List medical diagnoses and/or any precautions:  
\_\_\_\_\_  
\_\_\_\_\_

List any physical or dietary limitations / restrictions including food and drug allergies:  
\_\_\_\_\_

**Transportation and other program payment assistance may be available. See forms on our website at [www.alohatoaging.org](http://www.alohatoaging.org) or contact Aloha To Aging, Inc. at 678.439.1177 for more information.**  
**PLEASE COMPLETE OTHER SIDE**