

PLEASE COMPLETE AND RETURN

ALOHA DAY CLUB – ADMISSION 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 _____

Name 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.)

Life Skills	Group Interaction	Physical
<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 Arranging	<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: 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

ALOHA DAY CLUB – ADMISSION FORM

Office Use Only
Day(s) _____
Start _____
End _____

Name _____ Date _____

Address/City/State _____ 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/City/State _____ Zip _____

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

2. Alternate contact person _____ Email _____

Address/City/State _____ 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 or contact Aloha To Aging, Inc. at 770.722.7641 for more information.
PLEASE COMPLETE OTHER SIDE**