



### PROFILE QUESTIONNAIRE

This form is used to best determine what housing opportunity would fit your profile allowing us to precisely place you in the environment that suits you. Please Fill in the Fields to Your Best Ability. We respect your privacy and will not release information to any unrelated third parties or advertisers.

### SENIORS INFORMATION:

Name: \_\_\_\_\_

First

Last

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

City:

State:

Zip:

### PHYSICAL INFORMATION:

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Age: \_\_\_\_\_ Sex:  Male  Female

### AMBULATION LEVEL:

Walks Unassisted  Cane  Walker  Wheelchair Bound

### TRANSFER ASSISTANCE:

Needs No Help  Needs Some Help  Needs Total Assistance

### HELP NEEDED WITH DAILY ACTIVITIES:

Bathing  Dressing  Meal Preparation  Toileting

### INCONTINENT:

Yes  No Wears Diapers?  Yes  No

### SENSES:

**Vision:**  good  poor  blind **Hearing:**  good  poor  deaf

### NIGHT TIME:

Sleeps through the night  Needs help with toileting  Up three or more times

### COGNITIVE IMPAIRMENT:

Diagnosed with:  Alzheimer's  Dementia  
 Confused  Short term memory loss  Wanders at night  Wanders outside  
 Agitated or combative

### SPECIAL MEDICAL NEEDS:

Oxygen  Urinary catheter  Colostomy

### DIABETIC:

Controlled with medications  Insulin injections

### ADDITIONAL INFORMATION :

\_\_\_\_\_  
\_\_\_\_\_

### YOUR CONTACT INFORMATION:

Name: \_\_\_\_\_

First

Last

Phone: \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_