**Crossroads Senior Intake Form**

**Name**

**D.O.B. Date of Intake**

**Address Phone**

**SS# Date of Admission to Senior Program**

**Community Agencies Involved in Providing Services to Individual:**

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**Referral Source:**

**Support Coordinator:**

**Informal Supports:**

**Caregiver:**

**Address:**

**Phone:**

**Problems with Caregiving:**

**Extent of Caregiver Need for Support:**

**Extent of Perceived Caregiver Burden:**

**Emergency Contact Persons: Phone Number:**

**Living Arrangement:**

**Type of Dwelling Unit: Length of Time at Present Address:**

**Usual Means of Transportation:**

**General Physical Health Status:**

**Allergies:**

**Use of Adaptive Equipment or Aids:**

**Mobility:**

**Medications:**

**Special Diet/Diet Restrictions:**

**Physician: Phone Number:**

**Occupations:   
Activities Enjoyed:**

**Religion:   
  
Cognitive Functioning  
Orientation:**  **Short-Term Memory:   
Long-Term Memory:**   
**Ability to Understand Directions/Communicate Needs:**

**Awareness of Danger/Risk/Consequences:**

**Emotional Status & Behavior  
Recent Stressful Events:   
Response to Illness:**

**Emotional Strengths, Expectations, Motivations:**

**Mental Health Treatment:**

**Current Emotional Issues/Behaviors:**

**Need for Supervision:**

**Identify Person(s) Authorized to Make Decisions Under Advanced Directives (such as P.O.A.)**

**Name:**   **Phone Number:**