



Assisted Living

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RESIDENT PROFILE/APPLICATION

Residents Name: _____ Age: _____ Birth date: _____

Telephone: _____ Male Female

Current address:

Social Security # _____ Medicare# _____

Medicaid# _____

Advanced Directives: _____ POLST: _____ POA: _____
(yes/no) (yes/no) (who)

Doctor: _____ Telephone: _____

Hospital: _____ Telephone: _____

Diagnosis: _____

ALLERGIES to food and or drugs:

Emergency Contacts:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Birthplace: Married Single Widow/er Divorced

Where was resident raised: Siblings:

Education:

Religious affiliation: denomination, membership, special considerations with diet or communion, etc.

Names of family and close friends:

Names of family members that are deceased:

Location of close friends:

Waking and Bedtime Routines:

Mealtimes and diet preferences:

Social/Leisure Activities:

Memberships:

Hobbies/Crafts/Games:

Solitary/Group Activity, Preferred outings/Events:

Favorite Foods:

Breakfast Lunch Dinner

Life Skills: Homemaker, mechanical/carpentry, office, gardening skills