

**Describe client's medical history and/or conditions:**

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**List prescription medicine:**

**List non-prescription medicine:**

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**Describe mental and/or emotional status:**

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**Able to follow instructions?**       YES    NO

**Confused/disoriented?**       YES    NO

**Participates in social activities?**    YES    NO

Active       Withdrawn

**Is there a history of behaviors resulting in harm to self or others that require supervision?**       YES    NO  
**If YES, provide date \_\_\_\_\_ and describe last occurrence:**

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**Does he/she have ability to manage own finances and cash resources?**       YES    NO

**Is there any additional information that would assist the facility in determining client's suitability for admission? If YES, describe:**       YES    NO

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SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE COMPLETED

SIGNATURE OF LICENSEE OR FACILITY REPRESENTATIVE

DATE COMPLETED

