



Aramingo Adult Day Care
3307 Agate St Philadelphia Pa
Outreach Intake Form

<p>How Did You Hear About Us?</p>
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General Information:

Client Name: _____ Social Security# _____ Birth Date: _____
 Address: _____
 Home Phone: _____ Cell: _____ Religion: _____
 Living Arrangements: _____
 Case Manager: _____ MCO: _____
 Responsible Party/ Conservator/ Caregiver: _____ Phone# _____
 Transported By: Family Center Other: _____

Physician Information :

Physician Name : _____ Physician Address _____
 Physician Phone: _____ Street Address: _____
 Physician Fax # _____ City, State, Zip _____

Functional Information

Physical: Ambulatory _____ Walks/ w assistance or type of aide _____
 Cognitive: Oriented Oriented to: Person Place Time
 Disoriented
 ADL : Independent Assistance to Another Total Care

Behavior Information

Has the applicant wandered with in the last month: Yes No
 Does the participant need supervision? Yes No
 Has the participant ever been verbally or physically abusive? Yes No

Other Information

Do we have Permission: (Please initial to indicate permission is given)

_____. I herby authorize Aramingo Adult Day Care to obtain/ release dates of admission/ discharged and other pertinent health information including diagnosis and related treatment from agencies, organization and health care provider.

Signature of Participant/ Caregiver

Date