



RESIDENT PROFILE AND ACTIVITIES PROGRAM INFORMATION

Date _____ Room Number _____

Name _____ Birthday _____ Age _____

Religion _____ Children _____ Grandchildren _____

Hearing _____ Vision _____

Former Occupation _____

Ambulatory _____ Walker _____

INTERESTS: (Please Check the Following)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> T.V. |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Cards | <input type="checkbox"/> Table Games |
| <input type="checkbox"/> Needlework | <input type="checkbox"/> Checkers | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Books | <input type="checkbox"/> Patio Games | <input type="checkbox"/> Others |
| <input type="checkbox"/> Discussions | <input type="checkbox"/> Socials | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Poetry | | |

Person has own interests _____ What? _____

Person needs contact with others _____

Person wants to be helpful _____

Comments from Activity Director
