

Resident File - Sample

Placement and Demographic Information

- Name
- Birthdate
- Sex
- Race
- Marital status
- Next of kin
- Social Security number
- Medical Assistance number
- Emergency Contact and/or legal representative name, address, and phone number
- Admission date
- Place or address the resident was admitted from
- Date of discharge
- Place of address the resident discharged to
- Other demographic or placement information

Templates are available on our website to help you collect this information. It is your responsibility to ensure all required information is obtained.

Medical Information

- Physician name, address, and phone number
- Dentist name, address, and phone number
- Clinic name, address, and phone number
- Other health care contact information
- Health History and information
 - Health risks
 - Allergies
 - Documentation of physical examination
 - Emergency treatment needed
 - Medical reports
 - All other medical information and reports
- Medication Information
 - Currently prescribed medication
 - Medication permissions
 - Medication record
 - Documentation of medication refusal or adverse effects

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Service Paperwork

- Individual Abuse Prevention Plan
- Individual Resident Placement Agreement
- Individual Service Plan
- Individual mobility checklist
- Cash resource information
 - Permission to manage funds
 - Transaction log
- Housing Support & Residency Agreement
- Incident Reports
- Ongoing Resident Information
- Releases of Information
- Resident Rights
- Vulnerable Adult Act Summary
- Any other service records

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