

AiJalon, Inc. Adult Day Health



PARTICIPANT INFORMATION

TODAY'S DATE: _____

NAME OF PARTICIPANT: _____ DATE OF BIRTH: _____ MALE FEMALE

I PREFER TO BE CALLED: _____

HOME ADDRESS: _____ APT. # _____

CITY/STATE/ZIP: _____

COUNTY: _____

HOME PHONE: _____ SECONDARY PHONE: _____

SOCIAL SECURITY #: _____ MEDICAID/MEDICARE #: _____

PRIMARY CARETAKER: _____ RELATIONSHIP TO APPLICANT: _____

HOME ADDRESS: _____ APT. # _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL//WORK PHONE: _____ PAGER: _____

SECONDARY CONTACT PERSON AND TELEPHONE NUMBER: _____

DIAGNOSIS OF MEDICAL PROBLEMS, IMPAIRMENTS AND ALLERGIES: _____

DIAGNOSIS OF ALZHEIMER'S DISEASE: YES NO DATE OF DIAGNOSIS: _____

LIST SPECIAL NEEDS AND ADL'S?: _____

NAME OF PHYSICIAN: _____ PHONE: _____

PLEASE LIST ALL MEDICATIONS PARTICIPANT TAKES DAILY – GIVEN AT HOME OR AT AIJALON

MEDICATION	DOSAGE	TIME GIVEN

CAN PARTICIPANT TAKE MEDICATIONS WITHOUT ASSISTANCE? YES NO

IF MEDICATIONS ARE TO BE GIVEN AT AIJALON, I, _____ GIVE PERMISSION FOR THE
ONSITE NURSE TO ADMINISTER THEM.

DOES PARTICIPANT REQUIRE ANY SPECIALIZED MEDICAL EQUIPMENT? YES NO

IF YES, WHAT IS THAT EQUIPMENT? _____

IS THERE ANY IMPORTANT INFORMATION THAT WE SHOULD BE AWARE OF TO FURTHER INSURE PARTICIPANT SAFETY AND COMFORT? _____

PLEASE ACKNOWLEDGE THE FOLLOWING STATEMENTS BY SIGNATURE:

ALL SERVICES ARE PREPAY. _____

I, AND MY FAMILY MEMBER GIVE DO NOT GIVE PERMISSION TO HAVE PICTURES OF ACTIVITIES CONDUCTED AT AIJALON TO BE SHOWN ON THE WEBSITE AS
LONG AS THEY ARE NOT DEMEANING IN ANY WAY. _____

THERE WILL BE A \$25.00 SERVICE FEE FOR RETURNED CHECKS. _____

AIJALON AND ITS REPRESENTATIVES DO NOT DISCRIMINATE ON THE GROUNDS OF AGE, RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, OR HANDICAP. AIJALON
AND ITS REPRESENTATIVES RESPECT THE CONFIDENTIAL RIGHTS OF EACH PARTICIPANT AND MAINTAINS CLIENT RECORDS IN A SECURE, ACCURATE,
CONFIDENTIAL, ACCESSIBLE MANNER. NO PERSONAL OR MEDICAL INFORMATION SHALL BE RELEASED EXCEPT AT THE WRITTEN REQUEST OF PARTICIPANT OR
FAMILY REPRESENTATIVE.

AIJALON DOES NOT PROVIDE SERVICES FOR THOSE CONFINED TO BED, NOR ARE WE QUALIFIED TO PROVIDE SERVICES FOR DRUG OR ALCOHOL ADDICTION, OR
ANY SEVERE MEDICAL CONDITION(S). AIJALON RESERVES THE RIGHT TO ADJUST THESE CONSIDERATIONS AT ITS DISCRETION.

PRINT NAME: _____

SIGNATURE: _____

WITNESS: _____

DATE: _____