

PERSONAL AND MEDICAL HISTORY OF RESIDENT

NAME: _____

BIRTHDAY: _____ SOCIAL SECURITY NUMBER: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

EYE COLOR: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MEDICAL INSURANCE INFORMATION:

NAME OF GROUP OR INDIVIDUAL INSURANCE COMPANY:

POLICY OR GOUUP NUMBER: _____

DO YOU HAVE A CARD? _____

NAME OF PERSON FILLING OUT THIS FORM AND THE RELATIONSHIP TO RESIDENT:

- Does the resident wear glasses or contacts? _____

If yes, when are they required? Reading only _____ All the time _____

- Date of last dental exam: _____ Dentist's name: _____

Address and phone number: _____

- **Have there ever been any problems with this resident's hearing or speech? _____**
If yes, please explain?

- **Has the resident ever been hospitalized for psychiatric/psychological reasons? _____**
Diagnosis:

Briefly describe circumstances, dates, etc:

Physician's Name: _____

Phone: _____ **Hospital:** _____

Hospital Phone: _____

Please arrange to have appropriate psychological records sent to Quiet Creek Farm.

- **Has the resident ever had any suicide attempts or talk? _____**

Approximate Date(s): _____

Method: _____

Hospitalized: _____

Describe circumstances:

- Has the resident ever been hospitalized for medical reasons? _____
If yes, list reasons:

- Has the resident demonstrated violence towards self or others? _____
If yes, please explain:

- Has the resident shown signs of severe isolation (disconnection from self, family, peers)? _____
If yes, please explain:

- Has the resident had a history of frequent accidents? If yes, please explain: _____

- Has the resident ever broken a bone? _____ If yes, please explain:

- Is the resident allergic to any of the following? If yes, describe reactions in detail:

Penicillin Sulfa Drugs Aspirin Iodine or Shellfish

Other: _____

- Does the resident have allergies such as hives, hay fever, eczema, psoriasis, asthma, foods or others?

- Please explain resident's history with regard to taking medications (resists, hoards, irregular, etc):

- Recently taken OFF any medications? If yes, explain the types and circumstances:

- Any restriction of physical activity (hiking, carrying a pack, limited work effort, etc.) for medical reasons? If yes, please explain:

If possible, please mail this information prior to coming to Quiet Creek Farm. Please send to the mailing address below:

Quiet Creek Farm, Inc.
631 Dry Branch Road
Irvine, Kentucky 40336