

**Meadowood Retirement Community
Applicant Profile**

In order for Meadowood to get to know more about the individuals who are interested in independent living within our community, we ask that you respond to the following questionnaire as completely as possible. The return of this profile, accompanied by the *Confidential Health Information* form to be completed by your physician, will initiate the application process to Meadowood Retirement Community. Please fill out this questionnaire and return to: Meadowood, 2455 Tamarack Trail, Bloomington, IN 47408, Attn: Admissions Department. All information will remain strictly confidential. If you have any questions regarding the completion of this profile, please contact Jean Keith, Resident Services Director, at (812)-330-4375, extension 338. Thank you.

General Information

Name _____

Address _____

Phone _____

In Case of An Emergency:

In order of your preference, please list contact(s).

1) Name _____ Relationship _____

Mailing Address _____

Telephone _____

2) Name _____ Relationship _____

Mailing Address _____

Telephone _____

3) Name _____ Relationship _____

Mailing Address _____

Telephone _____

Power of Attorney (if any)

Name _____ Telephone _____

Address _____

Health Care Representative (if any)

Name _____ Telephone _____

Address _____

Do you handle your own banking and personal business? _____yes _____no

If no, please explain (i.e., give name of trust officer)

Medical History

Name of Physician _____

Address _____

Telephone _____

If you have had any of the following, please check the appropriate blank.

- | | |
|-------------------------------|-----------------------------------|
| _____Alcoholism | _____Hernia |
| _____Anemia | _____High Blood Pressure |
| _____Angina | _____Liver Disease |
| _____Arthritis | _____Lung Disease |
| _____Bronchitis | _____Macular Degeneration |
| _____Cancer | _____Nervous Breakdown |
| _____Congestive Heart Failure | _____Phlebitis |
| _____Diabetes | _____Pneumonia |
| _____Depression | _____Rheumatic Fever |
| _____Drug Abuse | _____Rubella, German Measles |
| _____Emphysema | _____Stroke |
| _____Epilepsy | _____Suicide attempt |
| _____Glaucoma | _____Thyroid Disease |
| _____Headaches | _____Ulcer in stomach |
| _____Heart Disease | _____Venereal Disease |
| | _____Other (please specify) _____ |

Are you presently living independently? _____Yes _____No

If no, do you

Have outside/agency help to assist you with personal care? _____Yes _____No

Have outside help to assist you with housekeeping? _____Yes _____No

Require any assistance with bathing/showering? _____Yes _____No

Require any assistance with dressing? _____Yes _____No

Do you require assistance with your ambulation? _____Yes _____No

If yes, what appliance do you use? _____

How often do you visit your doctor? _____

What method of transportation do you use to get to the doctor's office or other appointments and engagements? _____

Are you allergic to any food, medication, or other substance? _____Yes _____No

If yes, what? _____

Are you on a special diet? _____Yes _____No

If yes, what type? _____

What kind of regular exercise do you get and how often? _____

Do you wear hearing aids? _____Yes _____No

Do you have difficulty with shortness of breath? _____Yes _____No

If yes, when and how often? _____

How is it relieved? _____

Do you have problems with:

Chest pain? _____Yes _____No

Palpitations, flutters? _____Yes _____No

Fainting, blackouts? _____Yes _____No

Do you have difficulty with:

Nausea/vomiting? _____Yes _____No

Diarrhea? _____Yes _____No

Urination? _____Yes _____No

Bladder/bowel control? _____Yes _____No

Have you had any broken bones in the last ten years? _____Yes _____No

Approximately how many times have you fallen in the last two years?

_____None _____Less than three _____More than three

Have you gained or lost weight recently? _____Yes _____No

Have you had surgery in the last five years? _____Yes _____No

If yes, please explain _____

Have you been hospitalized in the past five years? _____ Yes _____ No

If yes, please specify _____

Please list all prescription medications and/or over-the-counter medicines (i.e. vitamins, aspirin, etc.) you are currently taking (including oxygen).

Please describe in your own words your present health status.

Is your health better or worse than a year ago? Why? _____

What are your particular health concerns at the present time? _____

Does your overall physical health limit your enjoyment of activities in any way?

_____ Yes _____ No If yes, please explain _____

Please check which best describes how you feel at the present time:

_____ This is the best time of my life.

_____ While some things are more difficult, My life is enjoyable

_____ As I age, life has become unpleasant and difficult

_____ I am very unhappy with my present situation.

Do you have concerns regarding any of the following issues?

Financial matters _____ Yes _____ No

Health concerns _____ Yes _____ No

Personal matters _____ Yes _____ No

Family matters _____ Yes _____ No

Transportation _____ Yes _____ No

Loneliness _____ Yes _____ No

Alcohol/Drug Use _____ Yes _____ No

Present home situation _____ Yes _____ No

A recent or upcoming move _____ Yes _____ No

Loss of a loved one _____ Yes _____ No

Adjusting to changes _____ Yes _____ No

Loss of memory/forgetfulness? _____ Yes _____ No

Please explain how you enjoy spending your leisure time. _____

Please explain your reason(s) for wanting to move to Meadowood. _____

Please provide any additional information that you would like to share or that may be of interest (i.e. previous residences, professional background, affiliation with Indiana University).

Thank you for completing this questionnaire. All information will remain confidential and in your personal file.

Applicant's Signature

Date