

C.R.C. INCORPORATED
Carolina Residential Care, Inc.
(Hillcrest House)
1505 West Friendly Avenue
Greensboro, NC 27403

Application for Admission

I. Personal Data:

Name: _____

Current Address: _____

Phone Number: _____ DOB: _____

Age: _____ Sex: _____ Marital Status: _____

Social Security Number: _____

Current Living Arrangement (home, apartment, facility, etc.): _____

Next of Kin: _____

Responsible Party: _____

Relationship to applicant: _____

II. Financial Resources (specify amounts):

Social Security: _____

SSI: _____

VA: _____

Medicaid: _____

Trust: _____

Private: _____

Other (Specify): _____

III. Psychiatric Information:

Diagnosis:

Psychiatrist:

Therapist:

Age at onset of illness:

Have you ever been treated as an inpatient? _____ If so, please list the name(s) of the hospital(s), approximate date(s), and length of each hospitalization:

- 1. _____
- 2. _____
- 3. _____

Orientation:

_____ Normal	_____ Disoriented	_____ Alert	_____ Hallucinations
	_____ Always		_____ Visual
	_____ Sometimes		_____ Auditory
			_____ Other _____

IV. Medical Information: Current or History of:

_____ Diabetes	_____ Rheumatism
_____ Epilepsy	_____ Depression
_____ Cancer	_____ Acute
_____ Hypertension	_____ Chronic
_____ Respiratory Problems	_____ Allergies
_____ Cardiac Problems	_____ Alcohol Abuse
_____ CV A (Stroke)	_____ Drug Abuse
_____ Other (please specify)	

Functional Limitations:

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Sight | <input type="checkbox"/> Dentition |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Ambulation | |

Physician: _____
Address: _____
Phone: _____

Current Medications: (See Last Page)

V. Interpersonal Relationships:

Describe your family (parents, siblings, grandparents, etc.) and how you relate to one another. Are there other special people in your life? If so, explain:

VI: Vocational/ Avocational Pursuits:

1. Educational Background/Special Training:

2. Hobbies, Talents, Special Interests or Skills:

3. Do you currently attend a Day Rehabilitation Program? ___ If so, please describe:

VI. Additional Information: Please use the space below to provide any information which you feel would be of benefit in designing a plan of care for the applicant. Include applicant's strengths and weaknesses, goals that he or she would like to attain, or problematic issues which you feel need to be addressed. Attach extra pages as needed:

VII. Health and Behavioral Information:

Nutrition (Dietary Needs):

___ Weight

___ Regular ___ Special

Skin:

___ Normal ___ Decubitus

___ Other (Please specify) _____

Toileting:

___ Self ___ Needs Assistance

___ Bedwetting ___ Incontinence

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Behavioral Problems:

Verbally Abusive Combative Wanderer
 Self Injurious Assaultive to others Destroys Property
 Insomnia Other (please specify): _____

Self View:

Positive
 Worthless
 Sad
 Non-productive

Recent Losses:

Death of Loved One or spouse
 Employment
 Property/ Personal
 Health
 Other (please specify): _____

Personal Care:

	Independent	Assistance (verbal, physical prompt, physical assist, etc.)
Bathing	_____	_____
Dressing	_____	_____
Eating	_____	_____

Brief Explanation of Behavioral Issues:

