

RESIDENT'S PERSONAL FILE FACE SHEET

(A) IDENTIFYING INFORMATION

DATE OF ADMISSION: _____

NAME _____ BIRTHDATE _____ MHSC # _____

PHIN # _____

BAND _____ TREATY # _____

CASE MANAGER _____ ADDRESS _____ TEL _____

NEXT OF KIN _____ ADDRESS _____ TEL _____

(B) MEDICAL CONTACTS

PHYSICIAN _____ ADDRESS _____ TEL _____

DENTIST _____ ADDRESS _____ TEL _____

OPHTHALMOLOGIST/
OPTOMETRIST _____ ADDRESS _____ TEL _____

PSYCHIATRIST _____ ADDRESS _____ TEL _____

(C) FINANCIAL INFORMATION/STATUS (Complete applicable sections)

PERSON/ _____ RELATIONSHIP TO RESIDENT _____

AGENCY RESPONSIBLE FOR PAYMENT _____

ADDRESS _____ TEL _____

EMPLOYMENT INCOME ASSISTANCE # _____

E.I.A. WORKER _____

E.I.A. OFFICE ADDRESS _____ TEL _____

PUBLIC TRUSTEE/ _____ ADDRESS _____

SUBSTITUTE DECISION MAKER/OTHER _____ TEL _____

(D) CRITICAL INFORMATION

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ALLERGIES _____ PHYSICAL LIMITATIONS _____

SUPERVISION REQUIREMENTS IN COMMUNITY: _____

MEDICATIONS YES _____ NO _____ (If yes, refer to MAR)

***PHOTOGRAPH OF RESIDENT IS RECOMMENDED**