Staff_____ (for staff) GS Client_____ HV_____

# WELLNESS PROGRAM - PARTICIPANT INFORMATION FORM

Name _____ Date_____

Address_____ Apt _____ City_____ State_____

Zip_____ Phone_____ Birth Date____/____/____ Age_____

Cell Phone_____ Email_____

Homecare Worker/Aide: Name_____ Cell Phone_____

How did you hear about DOROT?_____

Have you participated in any programs at DOROT? If so, which programs?

_____

Lives With: ☐Aide ☐Alone ☐Family Member ☐Partner ☐Roommate ☐Spouse

**In Case of Emergency Notify:**

Contact's Name_____ Relationship_____

Home Phone_____Cell_____ Work_____

Address_____

Other Emergency Contact - Family/ Neighbor/ Significant Other Information:

Contact's Name_____ Relationship_____

Home Phone_____Cell _____Work _____

Address_____

Personal Medical Information:

Doctor's Name_____

Office Phone_____Hospital _____

Continue to other side→

## Medical Conditions

| | | | |
|---|---|---|---|
| ☐ High Blood Pressure | ☐ Diabetes | ☐ Unsteadiness | ☐Mobility Problems |
| ☐ Stroke | ☐ Osteoporosis | ☐ Vision Loss | ☐ Dizziness |
| ☐ Heart Problems | ☐ Arthritis | ☐ Hearing Loss | ☐ Pain |

☐ Other: _____

_____

Any recent hospitalizations?_____

Current medications:

_____

_____

_____

_____

Do you have any food or drug allergies? Do you wear a medic alert?

_____

End of Life Planning:

Living Will on File at_____

Health Care Proxy_____

Has there been a problem with bedbugs in your building? ☐ YES ☐ NO

If yes, please explain:_____

_____

Do you use a personal emergency response system?_____

What are your hobbies and interests? _____

Do you have any pets? _____

Tell us about your past work experience/when retired:

_____

_____

_____

What else would you like us to know about you? Do you need help with any services?

_____

_____

_____

## Goals and Objectives

On a scale of 1 to 4, did you sign up for the Wellness Program to…?

| | 1- Not at all | 2- Somewhat | 3- Mostly | 4- Absolutely |
|---|---|---|---|---|
| Improve physical strength | ☐ | ☐ | ☐ | ☐ |
| Feel motivated | ☐ | ☐ | ☐ | ☐ |
| Increase flexibility | ☐ | ☐ | ☐ | ☐ |
| Reduce stress | ☐ | ☐ | ☐ | ☐ |
| Improve energy | ☐ | ☐ | ☐ | ☐ |
| Gain mobility | ☐ | ☐ | ☐ | ☐ |
| Increase overall wellness | ☐ | ☐ | ☐ | ☐ |
| Make a friend | ☐ | ☐ | ☐ | ☐ |
| Learn something | ☐ | ☐ | ☐ | ☐ |
| Socialize with peers | ☐ | ☐ | ☐ | ☐ |
| Have a sense of community | ☐ | ☐ | ☐ | ☐ |
| Share knowledge & experiences | ☐ | ☐ | ☐ | ☐ |

Suggestions for the Wellness Program:  Any specific classes you would like to see offered?

_____

_____

_____

_____

_____

_____

_____

_____

_____