



Oak Side Haven Senior Living

725 Oakside Dr, Schererville, IN 46375

2899 Christy Street, Portage, IN 46368

info@oaksidehavenseniorkiving.com | www.oaksidehavenseniorkiving.com

Resident Information

Legal Name	
Preferred Name	
Date of Birth	
Age	
Gender	
Social Security Number	
Address	
City/State/Zip	
Primary Phone	
Email	

Resident Initials: _____

Emergency Contact

Name	
Relationship	
Phone	
Email	
Address	

Resident Initials: _____

Legal Authority

Medical POA	
Financial POA	
Guardian	
Representative Payee	
Contact Info	

Resident Initials: _____

Physician & Pharmacy

Primary Physician	
Phone	
Pharmacy	
Phone	

Resident Initials: _____

Room Preferences

Room Type	
Furnishing	
Move-In Date	
Special Requests	

Resident Initials: _____

Medical History

Primary Diagnosis	
Secondary Diagnosis	
Allergies	
Mobility	
Fall History	

Resident Initials: _____

Activities of Daily Living

Bathing	
Dressing	
Toileting	
Grooming	
Mobility	
Medication Assistance	

Resident Initials: _____

Medications

Medication List	
Self-Administered	

Resident Initials: _____

Cognitive & Behavioral

Memory Impairment	
Wandering Risk	
Behavioral Concerns	
Details	

Resident Initials: _____

Dietary Needs

Diet Type	
Preferences	
Restrictions	

Resident Initials: _____

Financial Responsibility

Payment Source	
Responsible Party	
Billing Address	

Resident Initials: _____