

*Fathers & Families of San Joaquin*  
**338 E Market St., Stockton, ca. 95202**  
**INTAKE/EMERGENCY INFORMATION**  
 Assess for elopement risk

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** F M **Days Wanted:** \_\_\_\_\_

**Language:**  Arabic  English  Farsi  Spanish  Other: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

<b>Mobility</b>	<b>Must Use</b>	<b>Other</b>	<b>Hearing</b>	<b>Incontinence</b>	<b>Meals</b>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Cane	<input type="checkbox"/> Blind	<input type="checkbox"/> Good	<input type="checkbox"/> Bladder	<input type="checkbox"/> Diabetic
<input type="checkbox"/> Non Ambulatory	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Limited Vision	<input type="checkbox"/> Limited	<input type="checkbox"/> Bowel	<input type="checkbox"/> Needs to be fed
<input type="checkbox"/> Limited	<input type="checkbox"/> Walker	<input type="checkbox"/> HTN	R L	<input type="checkbox"/> Briefs	<input type="checkbox"/> Needs Pureed
<input type="checkbox"/> Hx of Falls	<input type="checkbox"/> Wander Risk	<input type="checkbox"/> Dementia	<input type="checkbox"/> Deaf	<b>Assistance</b>	<input type="checkbox"/> Needs Cut Up
<input type="checkbox"/> Hx of Dizziness	<b>Hx Violence</b>	<input type="checkbox"/> Confusion	R L	<input type="checkbox"/> Transfer	<input type="checkbox"/> Assist Cutting
	<input type="checkbox"/> against self	<input type="checkbox"/> Cognitive Deficits	R L	<input type="checkbox"/> Toileting	<b>Food</b>
	<input type="checkbox"/> against others				<input type="checkbox"/> Hx of Choking

I often feel (*CIRCLE ONE*): **Happy Sad Lonely Afraid Angry Other** \_\_\_\_\_

Person lives: \_\_\_ alone \_\_\_ with others (specify number and relationship) \_\_\_\_\_

Person has: \_\_\_ no caregivers \_\_\_ family/roommates unwilling or unable to give care/supervision

Person: \_\_\_ has family/caregivers who need respite to continue care/supervision

**INTAKE COORDINATOR'S NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFFERAL SOURCE:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_