

# LifeWorks Member Intake

Name

Anchorage  Valley

Formal

Gender  M  F

DOB

Married  Single  Divorced  Widowed

## ALH Info

Name of ALH

Cell/Room Phone

Private Home

Home Phone #

Administrator

Address

Other Residents and their Relationships:

Phone

Fax

E-Mail

## Legal Representative

Deemed unable to sign for self and make decisions?  Y  N

Phone

Name

E-Mail

Role/ Relationship

Mailing Address

## Emergency Family Contacts

### Primary

Name

Relationship

Phone

E-Mail

### Secondary

Name

Relationship

Phone

E-Mail

## Care Coordinator

Name

Work

Agency

Cell

Fax

E-Mail

**Scheduling Preferences**  
(mornings, afternoons, number and/or specific days of week):

**Health / Medical**

Doctor  Phone  Fax

Other Insurance?

Hospital Pref

Diagnoses

Medications

DNR/ Comfort One?  Y  N

Seizures?  On seizure meds?  Details/ procedure:

Expiration date of + TB clearance

# ER visits in the past year  Overall Health Stable?  Y  N

Explain:

Health & Social Concerns

**Assistance needed in any of these areas? Explain**

Vision   
Hearing   
Communication (language & style)

Food/Drink Restrictions

Allergies

Special diet?  Diabetic Renal  
No Lunch at HH?  circle all that apply Soft Foods Choking Risk Other (indicate):

Continent?  Y  N Need prompting/ direction?  Y  N Catheter?  Colostomy?

Ambulatory?  Y  N Strong?  Y  N L or R side weak/ paralyzed?

Uses Walker?  Large  Small Uses Wheelchair?  Motorized?

Capable of SELF RESCUE?  Y  N

Transferring Assistance  (independent, 1- or 2-person assist., gait belt, toilet/ vehicle assistance)

## Background and Goals

Goals: Physical

Goals: Cognitive

Goals: Social

Background  
(family, work,  
residences)

Interests

Native-Alaskan?

Corporation?

Religion/ spirituality

Native-American?

Tribe?

Ethnicity

### Questions for third parties, if applicable:

Do Not Resuscitate/ Comfort One?

Low awareness?

Weak memory?

Become agitated?

Disturbed emotionally?

Isolation tendencies?

Wanders?

Regarding the client's past and present actions:

Alcohol abuse?

Verbally abusive?

Physically abusive?

Sexual offender?

When?

Explain

# LifeWorks

## Service Agreement/Release of Information

<b>Member</b>	<b>DOB</b>
Legal Representative _____	Relationship _____
ALH _____	
Emergency/Family Contact _____	2nd Contact _____
Care Coordinator _____	
Doctor _____	Hospital Pref _____

OK to communicate with Dept of Public Assistance about member's Medicaid status?

DNR/Comfort One  Y  N

Okay to publish photo  Y  N

Non-Transfer  Y  N/A

Deemed unable to sign for self and make decisions?

Unless otherwise stated, members with POAs are permitted to sign their own paperwork and make their own decisions, while members with guardians and conservators need these representatives to make their decisions and sign for them.

### **Emergency Medical Consent**

In case of an emergency, I authorize LifeWorks (LWs) personnel to initiate medical assistance and to contact the individuals listed above. The legal representative and/or the individuals listed above will be updated on all emergency changes. I hereby grant LWs personnel authorization to: (1) call a physician (2) select and call an appropriate emergency medical response team, (3) and/or arrange transportation to the nearest hospital. Also, I authorize LWs designated personnel to release any and all information related to the emergency. I agree to be responsible for all medical expenses related to the incurred medical expenses.

### **Release of Confidential Information**

In the best interest of my care, I authorize LWs designated personnel to discuss my confidential information and the status of my well being with the representatives listed above. I understand that I may revoke this consent at any time. This consent is automatically terminated when my services are terminated with LWs.

### **Photo Publication, Social Media Consent and Release of Responsibility**

I grant LWs permission to take photo images and print them without any other personal identification to be published on LWs internal communication, website, newsletter, bulletin, Face book page, other social media outlets and publications. Also, this permission includes taking photographs of medical and/or equipment related incidents. As required, LWs will only share these photographs with the representatives listed above and/or the Adult Protection Service. Except as noted above, I hereby release LifeWorks, from any claims generated in connection with defamation, invasion of privacy and violation of any statutory rights as it relates to photos.

### **Bathroom Assistance Protocol**

LWs will assist members in the bathroom who are able to bear weight and/or can transfer to the toilet with assistance of one or two LWs staff.

LWs staff will **not** provide assistance to members that: (1) cannot bear weight, (2) need a Hoyer lift to transfer, and/or (3) need to be changed while lying down. In situations of this nature, the member's home must ensure that member's bathroom needs are met, the member is clean and dry prior to LWs staff arrival to transport the member to the Adult Day Center (ADS). If the mentioned member becomes incontinent while at the ADS, a designated LWs staff will contact the home to inform them the member will be returning early to be changed and cleaned in the comfort of their home.

I understand that will not be transferred for bathroom use, while attending LifeWorks. I, or the caregiver in the home, will arrange for someone to be at home, in the event becomes incontinent and needs to return home early to be changed.

**Non-Transfer Agreement:** Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Does not apply \_\_\_\_\_ (please check one)

**Notice:** LifeWorks has a Non-Smoking Campus located at 500 W. International Airport Rd. in Anchorage. The Adult Day Centers located at 744 E. 13th Ave. in Anchorage and 951 E. Bogard Rd. in Wasilla have a designated smoking area.

Member/Legal Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_