



Assisted Living Center-Salisbury

A Community Built on a Lifetime of Experiences

19 Beach Road, Salisbury, Massachusetts 01952 978 463-9809 fax 978 463-3009

Please introduce yourself to us...

Tell us a little about yourself...

Name _____

Address _____ City/Town _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Marital Status _____

Who will be helping you with this process...

Name _____ Relationship _____

Address _____ City/Town _____ State _____ Zip _____

Telephone (home) _____ (work) _____ (cell phone) _____

Help us to understand your needs...

- Do you currently live alone, with family, or in another health care facility? _____
- What medications do you take at this time? _____
- Have you recently been hospitalized, spent time in a rehabilitation facility or nursing home? Yes No
If yes, please tell us why. _____
- What are your major medical /psychological conditions ? _____
- What are you major physical challenges? _____
- Please circle any of the following items in which you feel you could use assistance:

Bathing	Grooming	Toileting	Dressing	Walking	Meal Preparation
Housekeeping	Getting In/Out of Bed	Laundry	Medication Reminders		

Some information about your financial status would be helpful...

- Is your monthly income (including all sources)

Less than \$1,148	Between \$1,148-\$2,022	Over \$2,022	Over \$3,000
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- Are your assets (including all bank accounts, CD's/bonds/stocks, real estate, and life insurance cash values)

Less than \$2,000	Between \$2,000-\$5,000	Over \$5,000
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