Special Needs Form

Name:_____ Date of Birth: _____

Today's Date: _____

For your safety and to help us provide you excellent care, please indicate whether you have any special needs, such as:

	No	Yes	If Yes, please explain or list below
Impairment of your vision that is not corrected by eyeglasses			
Impairment of your hearing			
History of falls			
Use of assistive devices, such as a cane or walker			
Dementia or memory loss			
Difficulty with speaking or understanding English language			
Any religious or cultural beliefs that may affect your care			

Once completed, please give this form to the front desk.
-Thank you -