

**Highland House**

Assisted Living  
"Caring is the heart of the matter"

710 N Main St  
Highlands, TX 77562  
email: hh710nmain@yahoo.com

Administrator (832) 443-7190  
Manager (832) 428-8100  
Fax (281) 843-3260

**PRE-ADMISSION INQUIRY**

Please fill-out this form and return it to the office or fax it to 281-843-3260

**TODAY'S DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**INQUIRY MADE VIA:** Facility Visit [ ] Phone [ ] Fax [ ]  
Other [ ] \_\_\_\_\_

**THIS INQUIRY IS FOR:** \_\_\_\_\_

(FIRST) (INITIAL) (LAST)

**CURRENT ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

CITY STATE ZIP AGE DOB

**REPRESENTATIVE:** \_\_\_\_\_  
(FIRST) (INITIAL) (LAST)

**CURRENT ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

CITY STATE ZIP

Have POA? Yes [ ] No [ ] Relationship: \_\_\_\_\_

Check One  
Yes No

- 1A. \_\_\_\_\_ Uses Walker?
- 1B. \_\_\_\_\_ Uses Wheel-Chair?
- 2A. \_\_\_\_\_ Ambulatory?
- 2B. \_\_\_\_\_ Blind?
- 2C. \_\_\_\_\_ Deaf?
- 3. \_\_\_\_\_ Wears Hearing-Aid?
- 4. \_\_\_\_\_ Wears Glasses?
- 5A. \_\_\_\_\_ Needs Assistance Eating?
- 5B. \_\_\_\_\_ Needs Food Pureed?
- 6. \_\_\_\_\_ Needs Assistance Dressing?
- 7A. \_\_\_\_\_ Needs Assistance Grooming Hair?
- 7B. \_\_\_\_\_ Needs Assistance Bathing?
- 8. \_\_\_\_\_ Needs 24-Hour Monitoring?
- 9. \_\_\_\_\_ Needs Medication Administration?
- 10. \_\_\_\_\_ Needs Some Incontinent Care?

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## THIS INQUIRY IS FOR:

(FIRST)

(INITIAL)

(LAST)

Major Medial Complaint:

- |  |                    |                         |                     |          |
|--|--------------------|-------------------------|---------------------|----------|
| 11A. Weight  | <100 [ ]           | 100-150 [ ]             | 150-200 [ ]         | >200 [ ] |
| 11B. Change in weight of 10 or more pounds in last 6 months? |                    |                         | Yes [ ]             | No [ ]   |
| If yes, please comment: _____                                |                    |                         |                     |          |
| 11C. Height:   | less than 5ft. [ ] | between 5 and 6 ft. [ ] | more than 6 ft. [ ] |          |
| 12A. Diabetic?   |                    |                         | Yes [ ]             | No [ ]   |
| 12B. Currently on special diet?                              |                    |                         | Yes [ ]             | No [ ]   |
| 13A. General State of Health:                                |                    |                         | Good [ ]            | Poor [ ] |
| 13B. Has skin problems?                                      |                    |                         | Yes [ ]             | No [ ]   |
| 14A. Hospitalized in last 2 years?                           |                    |                         | Yes [ ]             | No [ ]   |
| If yes, give reason(s) _____                                 |                    |                         |                     |          |
| 14B. Had falling acciden in last 3 months?                   |                    |                         | Yes [ ]             | No [ ]   |
| If yes, please explain: _____                                |                    |                         |                     |          |
| 15. Smoker?  |                    |                         | Yes [ ]             | No [ ]   |
| 16A. Has trouble sleeping at night?                          |                    |                         | Yes [ ]             | No [ ]   |
| 16B. Has some dementia?                                      |                    |                         | Yes [ ]             | No [ ]   |
| 17. Has some psyche problems?                                |                    |                         | Yes [ ]             | No [ ]   |
| If yes, please explain: _____                                |                    |                         |                     |          |
| 18. Has behaviorial or misconduct problems?                  |                    |                         | Yes [ ]             | No [ ]   |
| If yes, please explain: _____                                |                    |                         |                     |          |

Comments:

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