

# Sample Registration Form

Mark as arrival / Check In <input type="checkbox"/>		Accompanied by family Y/N	
ETN# (if applicable):			
Name:			
Address:			
City:		State:	Zip:
Phone Number:			
Date of birth:			
Language(s) Spoken:			
Emergency Contact:			
Relationship:		Phone Number:	
<b>-- BELOW: FUNCTIONAL/ACCESS/MEDICAL SERVICES ASSESSMENT</b>			
<b>ENSURE THAT ALL INDIVIDUALS UNDERSTAND THAT ANSWERING THE FOLLOWING QUESTIONS IS OPTIONAL. SELF DETERMINATION STILL APPLIES IN THIS SCENARIO. INDIVIDUALS MAY CHOOSE TO ANSWER ALL QUESTIONS, NO QUESTIONS OR SOME QUESTIONS.</b>			
Name of person filling out form:		Position of person filling out form:	
<b><i>Guest functional needs assessment:</i></b>			
<b><i>Are you a person who requires any of the following support services?</i></b>			
Communications Assistance Needed:	Y/N	Type of communications assistance needed:	
Durable Medical Equipment Needed:	Y/N	Type of DME needed:	
Electricity Dependent:	Y/N	Type of DME that requires electricity:	
Consumable Medical Supplies Needed:	Y/N	Type of CMS needed:	
Personal Assistance Services Needed:	Y/N	Needs assistance with:	
Specific Dietary Requirements:	Y/N	Dietary needs are:	
Service Animal User:	Y/N	Animal support needs:	
Deaf or Hard of Hearing:	Y/N	Type of hearing/communication assistance needed:	
Blind or Low Vision:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
<b><i>Caregiver Information; (If accompanying guest)</i></b>			
Name:		Relationship:	
Medical Condition:	(circle one) Poor/Fair/Well		Phone:

# Sample Registration Form

<b>Health Care History</b>			
<b>Ambulatory Status</b>			
Ambulatory Status:	<input type="checkbox"/> No Limitations	<input type="checkbox"/> Walk – With Assistance (Walker/Cane/PAS)	<input type="checkbox"/> Mobility Device User Able to Transfer Y/N
<input type="checkbox"/> Confined to Bed		Specific Bed Requirements (if any):	
<b>Guest Healthcare Information</b>			
Primary Doctor:		Phone:	
Home Health Agency:		Phone:	
Dialysis:		Phone:	
Pharmacy:		Phone:	
Hospice:		Phone:	
Do you have Medicare/Medicaid/Insurance:	Y/N	Carrier:	
<b>Do you have or have you had any of the following</b>			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lesions/Pressure Sores	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Asthma/Emphysema
<input type="checkbox"/> Pulmonary Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Cardio Vascular Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Mental Health Illness	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Vascular Disorder	<input type="checkbox"/> Dementia
<input type="checkbox"/> G-Tube/Feeding Tube	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Dialysis/ESRD	<input type="checkbox"/> Oxygen Dependent
<input type="checkbox"/> Over 350 lbs.	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> CVA/Stroke Survivor/TIA	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<b>Other Information</b>			
<input type="checkbox"/> Have you recently waded through flood water?			
Current Medications:			
Do You Need Assistance With Taking Your Medications:			
Allergies (Food or Medicine):			
Current Triage Data:			
Vitals if Necessary:			
List of Equipment Brought to Shelter by Guest:			
Recommended Care:			
Additional Info:			
Physician/Nurse/Intake Coordinator Signature:		Date & Time:	
Guest Signature:		Date & Time:	
<b>Check if guest has been discharged:</b> <input type="checkbox"/>			

State of Texas FNSS Integration Committee. (2013, March 1). State of Texas functional needs support services tool kit. Retrieved from <https://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9>