



SENIOR WELLNESS REGISTRATION

Name _____

Phone # _____

Email: _____

Address: _____

- Are you interested in a Flu vaccine, or any others? _____
- Do you currently have any medication concerns? _____
- Do you currently have any physical ailments? _____
- Are you interested in receiving 30 minute, weekly companion visits? _____
- Are you currently receiving food from any program, Farmer's market pantry? _____ Any others? _____
- Are you currently experiencing a financial hardship? _____
- Is there currently a situation that you need immediate assistance with? _____
- How is your home? _____
- Are you interested in weekly prayer phone calls? _____
- Please provide your info for the M.I. birthday club? _____
- Would you like to continue to receive monthly wellness visits from M.I. Mother's Keeper? _____

PRAYER VISITS? _____

WOMAN WELLNESS? _____

DOMESTIC VIOLENCE? _____

DEPRESSION/SUICIDE? _____

SMOKER? _____

- What kinds of activities do you like doing? _____
 - Do you have any hobbies? _____
 - How often are you able to be active? _____
 - Are you social? If so, what kind of social activities would you like to see in your community? _____
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• **Emergency Point of Contact Information:**

Name

Phone

Relationship

• **Health care team of professionals.**

Name

Phone

Title/Occupation

CALL 240-274-9436 AND ASK MS. HAMILTON FOR MORE INFO.