Resident Admission Checklist
MED AIDE/CAREGIVER

Resident Name: ____________________________________________________________

Apt. #:_____________________  Move In Date:_______________________________________

UPON MOVE IN

☐ Prior to resident arrival, read and review Service Plan to identify resident needs and preferences

☐ Greet resident at the door and escort them to their apartment

☐ Orient resident to apartment call system and point out location of all pull cords

☐ Obtain admission weight, height, temp., BP, pulse and respiration, and record in resident progress notes.

☐ Escort to meal(s) and activities. Seat w/appropriate tablemates and introduce new resident

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Med Aide/Caregiver Signature  Date