

# *Caring Together Adult Wellness Center*

*4415 18<sup>th</sup> Street  
Tuscaloosa, AL 35401  
(205) 345-8638*

## **ENROLLMENT APPLICATION:**

Date \_\_\_\_\_ Referral Source \_\_\_\_\_

Days needed:

Monday  Tuesday  Wednesday  Thursday  Friday

## **PERSONAL INFORMATION:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a resident of Tuscaloosa Housing Authority? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Employment History \_\_\_\_\_

Applicant Lives With: \_\_\_\_\_

In case of Emergency contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**WELLNESS INFORMATION:**

1. Does the applicant have special dietary needs (as diabetes or food allergies)?

---

---

2. Does the applicant use a walker, wheelchair, or other mobility devise?  
\_\_\_\_\_ If yes, what kind? \_\_\_\_\_

3. Does the applicant have any persisting medical conditions that would require special attention while at the center? \_\_\_\_\_ If so, describe:

---

**CURRENT MEDICAL PROBLEMS (Circle all that apply)**

- |                              |                  |
|------------------------------|------------------|
| Digestive/Intestinal         | Osteoporosis     |
| Vision Problems              | Hearing Problems |
| Diabetes                     | Asthma           |
| High Blood Pressure          | Arthritis        |
| Respiratory Problems         | Cancer           |
| Drug Abuse/Dependence        | Alcoholism       |
| Heart Problems               | Depression       |
| Hip fractured or replacement | Seizures         |
| Weight gain/loss             | Dizzy spells     |

For any items circled, please give details:

---

---

List any allergies:

---

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Current prescriptions and over-the-counter medications

---

---

---

**PERSONAL INFORMATION:**

1. Do you like children? \_\_\_\_\_
2. Do you like pets/animals? \_\_\_\_\_
3. What are your favorite foods? \_\_\_\_\_
4. What kind of music do you enjoy? \_\_\_\_\_
5. What kinds of hobbies and special interests do you have?

\_\_\_\_\_

Circle all activities that you enjoy:

- |             |               |               |
|-------------|---------------|---------------|
| Dancing     | Walking       | Exercising    |
| Reminiscing | Computers     | Storytelling  |
| Reading     | Being Read to | Movies        |
| Television  | Arts/Crafts   | Sports        |
| Puzzles     | Games         | Playing cards |
| Woodworking | Gardening     | Music/Singing |
| Sewing      | Cooking       |               |

Other \_\_\_\_\_