Resident Record Keeping

OhioMHAS Sample Form

An individual record for each resident which shall be stored at the facility in which the resident currently resides, and in a manner that protects and ensures confidentiality, except that information shall be immediately accessible for an emergency.

Facility Name: License No.:

Manager:

Resident Name:

Previous Address:

City: State: Zip Code:

Date of Birth: Date of Admission:

E-Mail: Telephone 2:

Physician Name:

Address:

City: State: Zip Code:

E-Mail: Telephone:

Referring Agency or Person:

Address:

City: State: Zip Code:

E-Mail: Telephone:

Emergency Contact:

Address:

City: State: Zip Code:

E-Mail: Telephone:

Sponsor:

Address:

City: State: Zip Code:

E-Mail: Telephone: