

## At – Risk Resident Registration

Name:	Preferred Name:
DOB:	Email:
Address:	
Home Phone:	Cell Phone:
Best way to reach:	
Sex:	Race:
Height:	Weight:
Identifying Marks:	

Emergency Contact 1	
Name:	Email:
Home Phone:	Cell Phone:

Emergency Contact 2	
Name:	Email:
Home Phone:	Cell Phone:

Emergency Contact 3	
Name:	Email:
Home Phone:	Cell Phone:

Medical Contact Information	
Doctor Name:	Doctor Phone:
Medical Condition:	Medications:
Additional Details:	
Method of Transportation:	
Unusual Habits:	
Comments:	

Add photo: (paper or electronic—jpg, gif, png or tif)

Date Created: \_\_\_\_\_