



Department of Older Adults Quick Intake Form

3696Beatty Drive
Riverside, CA 92506
Phone: (951) 341-9244
Fax: (951) 341-6335

Date: _____

Name: _____ Gender: M/F Ethnicity: _____

Phone Number: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Please Mark One of the Following in Each Category

Degree of Visual Impairment:

Total (LP or NLP) legally blind visual impairment

Major cause:

Macular Degeneration Diabetic Retinopathy Glaucoma

Cataracts other _____

<input type="checkbox"/> Direct Contact
<input type="checkbox"/> Phone Contact

Other Age related Impairments:

Hearing Diabetes Cardiovascular or Stroke Cancer Bone, muscle, skin, joint disorders

Alzheimer's / Cognitive Depression/mood disorder other major concerns _____

Type of living arrangement:

Lives alone Lives with others

Type of Residence

Private (House / Apartment) Senior Community / Retirement Assisted Living Nursing home

Homeless

Source of Referral

Eye Care Provider (Ophthalmologist / Optometrist) Physician / Medical Provider

State Department of Rehabilitation Government or Social Service Agency (Public/ Private)

Senior Program Faith Based Organization Independent Living Center Family / Friend Self

Veterans Administration Other

Instructor: _____ **Consumer:** _____

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