



Mr. John Archer

Resident ID: 11631934

Address:

Room: 132A

Move In Date: 2/16/2022

Home Phone:

Cell Phone:

Gender:	M
Date of Birth:	5/13/1935
Marital:	
Previous Work History:	
Religion:	
Anniversary:	
Veteran:	No

Allergy

Drug Allergies	No Known Allergies (NKA)
Food Allergies	No Known Allergies (NKA)
General Allergies	No Known Allergies (NKA)

Diagnoses

No Known Diagnoses

Advanced Directives:	Not Known
Living Will:	Not Known
Code Status:	Not Known
Has Power of Attorney:	Yes
Has Durable Power of Attorney:	Yes
Legal Guardian:	Yes
Organ Donor:	Not Known
Is Resident Ambulatory:	Yes
Medicare Number:	
Social Security Number:	

Responsible Party

Name:	Relation to Resident:	Daughter
Address:	Email:	
Home Phone:	Power of Attorney:	No
Cell Phone:	Durable Power of Attorney:	No
Work Phone:	Medical Power of Attorney:	No

Emergency Contact

Name:	Relation to Resident:	
Address:	Email:	
Home Phone:	Power of Attorney:	No
Cell Phone:	Durable Power of Attorney:	No
Work Phone:	Medical Power of Attorney:	No