



Welcome to LifeLoop

Full Name: _____

Date of Birth: _____ Room #: _____

Phone: _____ Can this phone receive texts? (Y / N)

Email: _____

Medical Power of Attorney: _____

Please provide the names and emails of individuals that you would like to be connected to you and the community through LifeLoop:

Name: _____ Email: _____

Name: _____ Email: _____

Are you a Veteran? (Y / N) If Yes, which branch? _____

Likes: _____

Dislikes: _____

Resident Signature

Date

*Please sign indicating that you agree to share information inputted into LifeLoop with the individuals listed above.

For Staff Use Only:

☐ Please check the box if the resident has provided a signed photo release.