



# 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.

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## For staff use only:

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