

Resident Visitation Preferences Template

Resident Visitation Preference Questions	Resident or Resident's Representative	Facility Response	Barriers to or Steps Needed to Achieve Residents Preferences
<p>What criteria would meet the need for compassionate care visit for the resident? Please use the information for compassionate care in the guidance above to identify what specific situations will be used to trigger the need to schedule a compassionate care visit.</p>			
<p>What specific accommodations are needed for a compassionate care visit?</p>			
<p>Which members of the community including family, friends and clergy would the resident like to visit with?</p>			
<p>What methods of visitation does the resident prefer when restricted from normal visitation?</p> <p>Phone</p> <p>Virtual</p> <p>Window</p> <p>Outdoor</p>	<p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor 		

How often does the resident prefer visitation occur for: Phone? Virtual Window Outdoor	Please check all that apply: <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window		
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What barriers exist that would prevent the resident from exercising their visitation rights in their preferred format and interval?			
What is the resident's preference regarding time of day/week and duration of visits?			
How much assistance would the resident like to conduct different forms of visitation?	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate		
How can the facility ensure they are providing the most amount of privacy allowable for visits?			
Does the resident prefer to participate in communal dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the resident prefer to participate in outdoor activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I attest that this form was filled out with the active participation of the resident or the resident's representative and the finalized copy of the form is kept as a part of the residents records and made available to local, state and federal officials as well as the resident or their representative upon request. _____ (Initial here)

Facility Staff Signature: _____

Date: _____

I attest that this form was filled out with my or my representative's active participation. I or my representative has been made aware of the existing and potential barrier(s) that would not allow the me or my representative to excise my or my representative's visitation rights in my or my representative's preferred format and interval. _____ (Initial here)

Resident/Resident's Representative Signature: _____

Date: _____