



RESIDENT REFERRAL

Eleanor Whitfield

AGE	SEX	CARE NEEDED	TIMELINE	AREA	BUDGET
84	Female	Memory care	Within 30 days	Winter Park or College Park, within 15 minutes of her daughter	\$5,000 to \$7,000 / month

CHECK YOUR LICENSE BEFORE REPLYING

- Clinical needs that may require an ECC or LNS license

ADVISOR NOTES

Ellie is warm, social and still loves music and gardening. Since her fall she needs a secure setting with evening structure for sundowning. The family has toured nowhere yet and can visit this week. Discharge planner expects release within 7 days, so a quick reply is appreciated.

RESIDENT

Name	Eleanor Whitfield
Preferred name	Ellie
Age	84
Sex	Female
Height	5'3"
Weight	128 lb

FAMILY CONTACT

Name	Dana Whitfield
Phone	(407) 555-0142
Email	dana.whitfield@example.com
ZIP	32803
Relation	A parent

CURRENT SITUATION AND PREFERENCES

Preferred area	Winter Park or College Park, within 15 minutes of her daughter
Room type	Private room
Living situation	In the hospital
Current facility name	Orlando Regional (fictional)
Lives alone	Yes, until her fall in September
Language	English
Tobacco usage	Never
Alcohol usage	Socially
Career	Retired elementary school teacher
Timeline	Within 30 days

PAYMENT AND BENEFITS

Payment resources	Private pay
Monthly budget / affordability	\$5,000 to \$7,000 / month
Budget and payment notes	Proceeds from home sale expected within 90 days
Insurance / benefits carrier	Medicare plus a Medigap supplement
Insurance and benefits details	Long-term care policy under review
Veteran status	Surviving spouse of a veteran

DAILY LIVING AND CARE NEEDS

Fall / balance risk	Recent falls	Toileting support	Independent
Mobility assistance	Supervision	Continence / incontinence needs	Limited assistance
Transfers from bed	Supervision	Mobility	Walker
Transfers from chair	Independent	Medications	Needs medications given by staff
Meal prep assistance	Total dependence	Clinical needs	Insulin injections
Feeding assistance	Independent	Behaviors	Sundowning, Wandering
Bathing support	Limited assistance	Special diet	Diabetic, no added sugar; lactose intolerant
Dressing support	Supervision		
Grooming / hygiene	Supervision		

HEALTH

Dementia type	Alzheimer's
Medical history	Diabetes, High blood pressure, AFib
Notes	Early-to-moderate Alzheimer's diagnosed 2023. Type 2 diabetes on a sliding-scale insulin regimen. Healing hip bruise from the September fall, no fracture.
Allergies	Penicillin

DECISION MAKER

Decision maker	Adult child
Name	Dana Whitfield
Phone	(407) 555-0142
Email	dana.whitfield@example.com
Legal authority	Healthcare and financial power of attorney

EMERGENCY CONTACT

Emergency contact	Marcus Whitfield
Relationship	Son
Phone	(321) 555-0177

DOCUMENTS ON FILE

- Florida health assessment (AHCA Form 1823): [AHCA-1823-signed-2026-09-28.pdf](#)
- Discharge / hospital report: [Hospital-discharge-summary.pdf](#)
- Medication list: [Current-medications.pdf](#)

Family authorization on file. Sharing authorized by Dana Whitfield, legal representative (POA, guardian, or health care surrogate), by electronic signature on Oct 2, 2026, 2:41 PM ET. It includes FindRetireHome's referral and fee disclosure ([findretirehome.com/referral-authorization](#)).

Jordan Ellis

Senior Living Advisor · FindRetireHome

Direct (407) 555-0110
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