

The Pines

Preferences for Social, Recreational and Rehabilitative Activities

Resident Name: _____

Completed By: _____ Date: _____

This form is to be filled out upon admission by the resident or the resident's family.

Social, recreational and rehabilitative activities I really enjoy:

Social, recreational and rehabilitative activities I really dislike:

Social, recreational and rehabilitative activities that disagree with my body:

Social, recreational and rehabilitative activities I would like to try:

Signature: _____ Date: _____