

Dogwood Village of Orange County

Senior Living

Application for Admission



<u>Resident's Name:</u>	<u>Medical Record #</u>
<u>Resident's Address:</u>	<u>Phone #</u>
<u>Date of Initial Admission :</u>	<u>Date of Current Admission:</u>
<u>Person to contact when Appropriate Bed is ready:</u>	<u>Room #</u>
<u>Personal Information:</u>	<u>Social Security #</u>
<u>Place of Birth:</u>	<u>Date of Birth:</u>
<u>Gender:</u>	<u>Marital Status:</u>
<u>Medical Power of Attorney:</u>	<u>Guardianship:</u>

Current Treatment Plan:

List medications, Care Plans, Therapies-Please furnish copies if available:

Names and addresses of all Hospitals, Nursing Homes & Assisted Living Facilities from which patient was discharged in the past 90 days, to include dates of stays:

<u>Date of Last Hospital Stay (within the last 90 days):</u>	<u>Admission:</u>	<u>Discharge:</u>
<u>May we request information from the hospital or Nursing Home?</u>	<u>Yes or No</u>	

Medical Information:

<u>Physician Name:</u>	<u>Phone #</u>
<u>Address:</u>	
<u>May we request a copy of your medical records? Yes Or No</u>	
<u>Date of last Physical:</u>	<u>Is copy available?</u>
<u>Diagnosis: Primary</u>	<u>Secondary</u>

Continue on back →

Dental Information:

Name:	Phone #
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Address:

<u>Religious Information:</u>	Name of Church:
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Clergy Name:	Phone #
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Address:

Insurance Information:

Medicare #	Medicare D #
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Supplemental Insurance, Name, Address & Phone #:	Insurance Policy & Group #
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Hospice (please circle one): *yes or no* *If yes, which agency:*

Representative Payee (name, address & phone number):

Is there Long Term Care Ins.? Yes or No If yes; name, address, phone & policy #

Responsible Party Information:

Name:	E-mail:
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Address:

Phone #'s	Home	Work	Cell
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Person(s) to notify in case of Emergency

1)Name & Address:	Home Phone:
	Work Phone:
	Cell Phone:

2)Name & Address:	Home Phone:
	Work Phone:
	Cell Phone:

Level of Care (circle one): Residential Assisted Intensive

Laundry Services (circle one): Self Family Facility

Will you be bringing a car? Yes or No

Room Design Choice (please give 1st and 2nd choice) Private studio _____ Lg studio _____

Reg 1 bedroom suite _____ Lg 1 bedroom suite _____ 2 bedroom suite _____

Mortuary Preference (please include address and phone #):

It is the policy of the facility that no one shall be discriminated against on the grounds of race, color, natural origin, or age. The facility shall at all times be in full compliance with Title VI of the Civil Rights Act of 1964(P.L. 88-353, Section 504 of Rehab act of 1973) and regulations issued by the Department of Health & Human Services (45 C.F.R. Part 80) pursuant to these titles.

Signature of Applicant:

Date: