

Pre-Admission Inquiry
In covenant with United Church of Christ



Date: _____

Time: _____

Applicant's Complete Name: _____

Address: _____

S.S. #: _____ Sex: _____

Phone: _____ Birth date: _____ Age: _____

Marital status: _____ Spouse's name: _____

Medicare #: _____ Medicaid #: _____

Other Insurance: _____ Insurance #: _____

Religious Affiliation: _____

Applicant's Current Location: _____

Has applicant been hospitalized in the last 30 days? _____ 60 days? _____

If yes, where? _____

Anticipated Date of Placement: _____

Level of Care Requested: _____ Retirement _____ Assisted Living _____ Nursing

Preliminary Medical Information

Preferred Hospital: _____ Phone: _____

Physician: _____ Phone: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Email Address: _____

Sponsor/POA Name: _____

Address: _____ Phone: _____

Method of Inquiry: _____ Phone _____ Visit _____ Letter _____ Email

If email, please list address: _____

Referral Source: _____ Newspaper Which one? _____

_____ Friend

_____ Yellow Pages

_____ Church Which church? _____

_____ Website Which site? _____

_____ Doctor Which doctor? _____

_____ Other Please explain: _____

The information on this form is given voluntarily. The customer realizes completion and submission of this form does not guarantee admission to this facility or acceptance on a waiting list.

Signature: _____

Applicant

Sponsor

| Office Use Only | | |
|--------------------|-----------|------------|
| Mailed Information | Follow Up | Tour Given |
| Date | Date | Date |
| | | |

1 2 3 4 5 6 7 8 9 10