



\_\_\_\_ Nursing Suite  
\_\_\_\_ Assisted Living  
\_\_\_\_ Independent Living  
\_\_\_\_ Memory Care

Date Completed: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**INQUIRY/ADMISSION QUESTIONNAIRE**

Name & Phone #'s of Person Inquiring:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Full Name:

\_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone#: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Name, address, & phone# of spouse: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_ Physician Fax #: \_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicare# \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

Former Occupation \_\_\_\_\_

Religion: \_\_\_\_\_ Church affiliation: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Pastor's phone#: \_\_\_\_\_

Name, Address, & Phone # of Person(s) to be notified in the event of an emergency:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Legal Guardian and Phone#: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Durable Power of Attorney: \_\_\_\_\_

Living Will? \_\_\_\_\_ (If yes, please bring a copy for resident file)

(Is Living Will on file at The Heritage (Y\_\_ N\_\_?))

Funeral Home Arrangements, Address, & Phone #: \_\_\_\_\_  
\_\_\_\_\_

Desired Moving Date: \_\_\_\_\_

Apartment Style: \_\_\_\_\_

List Current Limitations, Special Services desired, & Current Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information which may assist us in caring for your family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names & Addresses of Family Members who wish to be on our mailing list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_