



# Phillips - Strickland House

## Application for Admission

### CURRENT INFORMATION

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Current Address: \_\_\_\_\_ Male or Female: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Medicaid No.: \_\_\_\_\_

### HISTORY

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Spouse(s): \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Date of Marriage(s): \_\_\_\_\_ Where: \_\_\_\_\_

When: \_\_\_\_\_

Marital Status (please check one):  
Married: \_\_\_ Single: \_\_\_  
Widowed: \_\_\_ Divorced: \_\_\_

Names of Children: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_

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MEDICAL INFORMATION

Physician's Name:

Address:

Telephone:

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Additional Providers :

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Medical Problems

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Handicaps:

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Allergies:

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Health Insurance Company and Policy ID Number:

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LEGAL INFORMATION

Legal Guardian Yes \_\_\_ No \_\_\_

Name of Legal Guardian:

Address:

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Other Legal Oversight Yes \_\_\_ No \_\_\_

Durable Power of Attorney/Health Care \_\_\_\_\_

Name, address, & telephone

Durable Power of Attorney/Financial \_\_\_\_\_

Name, address, & telephone

Responsible Family Member \_\_\_\_\_

Name, address, & telephone

Self \_\_\_\_\_

Legal Conservator Yes \_\_\_ No \_\_\_

Name of Legal Conservator:

Address:

Telephone:

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PERSONAL PREFERENCES

Please check any of the following advanced directives that apply to you:

Living will:

Do not resuscitate (DNR):

Do not hospitalize:

Organ donation:

Other (please specify):

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Relatives and friends to be notified in case of emergency:

Name:

Address:

Telephone:

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Signature of Applicant

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Date

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Signature of person filling out this application if other than applicant

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Telephone No.