FAIRLAWN HAVEN CARE CENTER

APPLICATION FOR ADMISSION

Date: ___/___/____

Name of Applicant: ____
Last First Middle

Home Address: ____
Street City Zip Code

Telephone: ____________________________

Date of Birth: ___/___/____ Marital Status: M__ S__ W__ D__ Sex: M___ F___

Social Security Number: ____________________ Medicare Number: _______________________

Medicare Drug Plan: _______________________ Medicaid Number: _______________________

Primary Care Physician: _____________________ Hospital Preference: ______________________

Funeral Home Preference: ___________________ Church Affiliation: ________________________

Veteran: Yes ___ N0 ___ Spouse Veteran: Yes___ No ___

Please provide copies of insurance cards

Designated Representative(s): Name Address Phone Relationship

Primary Contact person:

____

____

Email: ____

Additional Family Members:

____

____

____

Medical History

Please check any medical history information below. Additional lines are provided below if you need more space for explanation of healthcare conditions.

Heart Attack ___ Stroke ___ Cancer ___ Diabetes ___ Open Sores/wounds ___
Congestive Heart Failure ___ Arthritis ___ Tuberculosis ___ Special Diet ___ Recent Falls ___
Bowel/Bladder difficulties ___ Depression/Anxiety ___ Mental Illness ___
Developmental Disabilities ___ Problems with: Vision ___ Hearing ___ Speech ___
Cognitive impairment: Mild ___ Moderate ___ Severe ___
Alcohol use ___ Drug use ___ Cigarette use ___ Physical behaviors ___ Sexual aggression ___
Suicidal ideations or attempt: ___ Explain/Date: ____
Do you use: Walker ___ Cane ___ Brace ___ Prosthesis ___ Pacemaker ___

List additional information or needs:

____
____
____

Social History

Mother's name (maiden): ________________________ Father's name: __________________________

List names of living and deceased brothers & sisters: ____
____
____

Highest grade of education completed (list and degrees, colleges attended): _______________________
____
____

Primary Occupation: ___________________________ Other Occupations: _______________________

Date of Retirement: ____________________________ Date of Marriage: ________________________
Spouse's Name: _______________________________

List names of children and note those that are living or deceased:

____
____
____

Return To:

Fairlawn Haven
Attn: Admissions
407 E. Lutz Rd.
Archbold, OH 43502
lvollmer@fairlawnarchbold.com