

HOLY FAMILY MANOR APPLICATION FOR SHORT TERM REHABILITATION ADMISSION

Mr./Mrs./Miss _____
Last First Middle Maiden

Address _____

County: _____ Telephone # _____ Name of Spouse _____

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

Marital Status: (Circle one) Single Married Widowed Divorced Separated

Are you a US citizen? Yes ___ No ___ Alien Registration # _____

Religion _____ Place of Worship _____ Phone _____

Military Service _____ (Previous) Occupation _____ Employer _____

Family Physician _____ Phone _____ Ambulance Preference _____

Recent Hospital Stay Hospital _____ Date admitted _____ Diagnosis _____

Recent Skilled Nursing Stays – within the last year:

Name of Facility _____ Date admitted _____ Date discharged _____

Discharge Goal following rehabilitation _____

Insurance Information – We will need a copy of all insurance cards upon admission

Social Security # _____ Medicare # _____ Medicaid # _____

Insurance _____ Identification # _____ Group # _____

Plan _____ PACE card # _____ Secondary Insurance _____ Policy # _____

Do you have a Living Will, POLST, or Advance Directive? Yes _____ No _____ (Please provide a copy)

Power of Attorney? Yes ___ No ___ Legal Guardian? Yes ___ No ___ Name _____

Total Monthly Income (Social Security, Pension, Annuity, VA benefits, etc) \$ _____

Total Personal Assets (Saving, Checking, CD's, Stocks, Bonds, etc.) \$ _____

Do you own your home? Yes ___ No ___ Does anyone else live in the home with you? Yes ___ No ___

If so, who? _____

Have you prepaid funeral arrangements? Yes _____ No _____ Funeral Home _____

Have you transferred any real estate, property, money, stocks, bonds, or anything else of value during the last five (5) years? Yes ___ No ___ If yes, to whom, date of transfers and how much? _____

Emergency Contacts in order you wish them to be notified.

1. _____
Name/Relationship Home address day time telephone evening telephone

2. _____
Name/Relationship Home address day time telephone evening telephone

How did you hear about Holy Family Manor: Friend/Relative _____ Church _____ Patient of HFM _____

Internet _____ Newspaper _____ Other _____

I understand that any misrepresentation or omission of information on this application will disqualify me from consideration of possible admission to Holy Family Manor and will be cause for discharge if discovered after my admission. I certify that the information contained within this application is true and accurate.

Prospective Patient Signature (if able) _____ Date _____

Signature of person completing application _____ Date _____ Relationship to applicant _____