



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

Table with columns: Office Use Only, Mailed Information, Follow Up, Tour Given, Date, Date, Date, and a row of numbers 1-10.