



Retirement Centre

RESIDENT APPLICATION

Name: _____

Address: _____

Postal Code: _____ Telephone No.: _____

Birthdate: _____ Religion: _____

Health Card No.: _____ S.I.N.: _____

Marital Status: S M W D SP

Previous Occupation: _____

Club Affiliations: _____

Recreation Interests: _____

In case of Emergency, Please Contact:

A. Name: _____

Address: _____

Postal Code: _____ Relationship: _____

Telephone: Res. _____ Bus. _____

B. Name: _____

Address: _____

Postal Code: _____ Relationship: _____

Telephone: Res. _____ Bus. _____

Please Complete Reverse Side

Name of Physician: _____ Telephone: _____

Address: _____

Date of last medical check-up: _____

MEDICATIONS presently taken: _____

Have you been hospitalized in the past year? Yes No Please give reason and length of stay:

HEALTH STATUS

Special Diet _____ Allergies _____

Food Dislike _____

AMBULATION

- self
- cane
- walker
- wheelchair
- requires assistance

HEARING

- good
- fair
- hard of hearing
- right ear
- left ear
- deaf

EYESIGHT

- good
- fair
- glasses
- artificial eye
- blind

DIABETES

(controlled by)

- diet
- oral medication
- injection
- assistance with injection

BOWEL & BLADDER HABITS

- good
- diarrhea
- constipation
- incontinence of urine

DISEASES & CHRONIC DISABILITIES

- Heart Disease
- Arteriosclerosis
- Chronic Bronchitis
- Emphysema/Asthma
- Arthritis

SELF CARE

(check for assistance)

- bathing
- foot care
- medication
- other

EXPLANATION

Do you smoke?

Yes No

Does smoking bother you?

Yes No

Other Medical Health Problems: _____

Applicant's Signature _____ Date _____

For Office Use Only:

Occupancy Date: _____ Fee: _____

Room No. _____ Unfurnished _____

Furnishing services Requested _____