

SAND HILL ADULT DAY PROGRAM APPLICATION & ADMISSION PACKET



NAME:	ADMISSION DATE:	DATE OF BIRTH:
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Street Address		City		State	Zip
Living Arrangements	Lives With:		Relationship:		
Phone #'s:			Email Address:		
Social Security #:		Health Insurance (Primary)		Provider #	
PAYMENT SOURCE FOR PROGRAM:		Secondary Health Insurance		ID #	
Power of Attorney:		Address		Phone #'s	
Secondary Emergency Contact/Relationship:			Phone #'s:		
Transportation Arrangements:			Community/Social Support:		
Family Support:			Anything else we need to know?		
Primary Care Physician/Location				Phone #	
Advance Directives Y/N		If Yes – Copy in Chart	Code Status		Allergies
<u>Current Medical Conditions/DX: (Include any functional deficits)</u>		<u>Past Medical History</u>		<u>Hospitalizations</u>	
				DATE	REASON
Current Diet:		Dietary Restrictions/Needs	Blood Pressure	Pulse	Resp
Smoking Hx:		Drinking Hx:	Glasses:	Dentures:	Hearing Aid
Level of Orientation:		Follows Commands:	Memory:	Ambulation	Transfers
					Toileting

