

# SAND HILL ADULT DAY PROGRAM APPLICATION & ADMISSION PACKET



<b>NAME:</b>	<b>ADMISSION DATE:</b>	<b>DATE OF BIRTH:</b>
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Street Address		City	State	Zip
<b>Living Arrangements</b>	<b>Lives With:</b>	<b>Relationship:</b>		
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:	
<b>Transportation Arrangements:</b>		<b>Community/Social Support:</b>		
<b>Family Support:</b>		Anything else we need to know?		

Primary Care Physician/Location	Phone #
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Advance Directives Y/N	If Yes – Copy in Chart	<b>Code Status</b>	<b>Allergies</b>
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<u>Current Medical Conditions/DX: (Include any functional deficits)</u>	<u>Past Medical History</u>	<b>Hospitalizations</b>	
		DATE	REASON

Current Diet:	Dietary Restrictions/Needs	Blood Pressure	Pulse	Resp	Temp
Smoking Hx:	Drinking Hx:	Glasses:	Dentures:	Hearing Aid	Other Prosthetics
Level of Orientation:	Follows Commands:	Memory:	Ambulation	Transfers	Toileting

