

Inquiry Record

Date of Inquiry _____

Expected Date of Admission _____

Room Number _____

Prospective Resident _____ Sex _____

Address _____

Telephone Number _____ DOB _____ Marital Status: M W S D

Admitted From _____ Physician _____

Diagnoses _____

Medications _____

ADLs and Mobility _____

Mental Status _____

Special Needs _____

Therapy Involvement _____

Discharge Potential _____

Emergency Contacts:

1. _____

2. _____

Birthplace _____ Previous Occupation _____

Religion _____ Church _____

Education _____ Military _____

Dentist _____ Advance Directive _____

Mortuary _____ Eye Dr. _____

Previous Nursing Home Stay _____ Medicare Part D Coverage _____

Billing Information:

Medicare Medical Assistance Private Pay Insurance

Social Security Number _____

Medicare Number _____

Medical Assistance Number _____

Other Insurance Information _____

Legal Health Care Decision Maker _____