

# Pre-Admission Inquiry

In covenant with United Church of Christ



**The COMMUNITY at PARKVUE**  
*Care for people retirement and health care service community*

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

**Office Use Only**

\_\_\_\_\_ Mailed Information \_\_\_\_\_ Follow Up \_\_\_\_\_ Tour Given

Date

Date

Date

1 2 3 4 5 6 7 8 9 10