

GENERAL MEDICAL INFORMATION

DOES THE APPLICANT NEED HELP? EATING:_____ BATHING:_____ GETTING DRESSED: _____
(please check those that apply)

DOES THE APPLICANT WALK? INDEP:_____ USE CANE:_____ USE WALKER:_____ USE W/C:_____
(please check those that apply)

IS APPLICANT INCONTINENT? BOWEL:_____ BLADDER:_____

APPLICANT'S PHYSICIAN:_____ ADDRESS:_____

LIST ANY HOSPITALIZATIONS

HOSPITAL:_____ APPROX DATE:_____

HOSPITAL:_____ APPROX DATE:_____

HOSPITAL:_____ APPROX DATE:_____

IF NOT HOSPITALIZATIONS PLEASE GIVE DATE OF LAST EXAMINATION:_____

HAS APPLICANT EVER RESIDED IN A NURSING HOME? YES / NO

HAS APPLICANT EVER BEEN ADMITTED TO A STATE HOSPITAL OR PSYCHIATRIC UNIT? YES / NO

IF YES: _____
(hospital) (approximate date)

ALCOHOL USAGE

PRESENT USE? YES / NO PAST USE? YES / NO

HAS APPLICANT HAD TREATMENT FOR ALCOHOL ABUSE? YES / NO

FUNERAL HOME PREFERENCE: _____
(name) (address) (phone #)

CEMETERY: _____

APPLICATION COMPLETED BY: _____

DATE: _____

CHRISTOPHER HOUSE DOES NOT DISCRIMINATE IN ITS ADMISSION POLICY ON THE BASIS OF RACE, SEX, CREED, NATIONAL ORIGIN OR PAYMENT SOURCE.