

# CADBURY COMMONS

## Application for Residency

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Description of present home: (Own Home, Elderly Housing, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

SSI#: \_\_\_\_\_ Medicare: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Lives alone: Y \_\_\_ N \_\_\_ Lives with: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

**Pertinent  
Medical/Surgical/Psychiatric History**

**Current Medications**

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Allergies: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Date of last hospitalization: \_\_\_\_\_

Have you ever attended Day Care: Y \_\_\_ N \_\_\_ Where: \_\_\_\_\_

Reason for looking at Assisted Living Residence: \_\_\_\_\_

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**Guardian/Power of Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Care Manager**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Any Health Care Directives:**

Living Will: Y \_\_\_\_ N \_\_\_\_

Health Care Proxy: Y \_\_\_\_ N \_\_\_\_

Do Not Resuscitate: (CCDNR): Y \_\_\_\_ N \_\_\_\_