

The Atrium...A Choice Community

216 Main Street
Johnstown, PA 15901
Phone: (814) 535-5347
Fax: (814) 539-4460

APPLICATION FOR ADMISSION

Name _____ Age _____ Date of Birth _____

Address _____ Place of Birth _____

Social Security # _____ Medicare # _____

Blue Cross/Blue Shield # _____ Other Insurance _____

Religion _____ Minister/Rabbi/Priest _____

Church _____ Church Address _____

Church Phone # _____ _____

Hospital _____ Hospital Phone # _____

Funeral Home _____ Funeral Home Address _____

Funeral Home Phone # _____ _____

Marital Status: Married _____ Single _____ Widow _____ Widower _____ Divorced _____

Spouse:

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Persons to be notified in case of emergency:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone # _____ Phone # _____

The Atrium...A Choice Community

FINANCIAL INFORMATION:

Bank Accounts:

Checking – Amount \$ _____

Name of Bank _____

Address _____

Savings – Amount \$ _____

Name of Bank _____

Address _____

Real Estate:

Residence - Value \$ _____

Other - Value \$ _____

Address _____

Other Income:

Pension - Amount \$ _____

Social Security - Amount \$ _____

Other - Amount \$ _____

Additional contributions towards the cost of the facility stay \$ _____

By Whom: _____

Who supervises your financial affairs?

Name _____

Address _____

Phone # _____

Executor _____

Address _____

Phone # _____

Do you have a will? Yes ___ No ___

Power of Attorney? Yes ___ No ___

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MEDICAL:

Name of Physician _____ Address _____

Phone # _____

Do you Smoke? Yes _____ No _____ Do you Drink? Yes _____ No _____

What are your social interests? _____

Do you have any hobbies? _____

Referred By: _____

PLEASE CHECK IF YOU REQUIRE ASSISTANCE WITH ANY OF THE FOLLOWING:

- _____ Self administration of medications
- _____ Remembering medication schedule
- _____ Ordering medications
- _____ Keeping appointments
- _____ Dressing
- _____ Bathing
- _____ Eating
- _____ Shopping
- _____ Personal Grooming
- _____ Other _____

To the best of my knowledge the foregoing statements and facts made by me and herein contained, and are true and correct.

_____ Date

_____ Signature