SENIOR LIVING WITH A HEART

NORTHAVEN

Northaven Assisted Living Resident Application

Date: _____
Name of Applicant: _____
Address: _____
Phone: _____
Age: _____ Birthdate: _____

Northaven Assisted Living is a Non-Smoking community.
Do you smoke? ___ Yes ___ No

Name and Address of Contact Person: _____
_____
Relationship to Applicant: _____
Phone of Contact Person: _____

Name and Address of Power of Attorney or Guardian: _____
_____
Phone: _____

How soon are you hoping to move to Northaven Assisted Living?
_____
Reason for moving to assisted living level of care: _____
_____

Are you currently receiving Medicaid-COPES? ___Yes ___No
Do you anticipate applying for Medicaid-COPES in the next 6 months?
___Yes ___No

Please list approximate dates and reasons for hospitalizations or Nursing Home/Adult Family Home admissions in the last 2 years: _____
_____
_____How did you hear about Northaven Assisted Living? _____
_____

Primary Healthcare Provider: _____
Address: _____
Phone: _____ Fax: _____
Name(s) of other Healthcare Providers/Physicians: _____
_____
_____

Please list current diagnoses/chronic health conditions: _____
_____
_____
_____
How would you rate your current health status?
___Excellent ___Good ___ Fair ___Poor ___Not sure at this time

Services you anticipate you will need at Northaven Assisted Living:
___ Medication Assistance ___ Bathing/Shower Assistance
___ Dressing Assistance ___ Laundry Assistance
___ Memory Assistance/Cueing ___ Mobility Assistance
___ Incontinence Care ___ Toileting Assistance
___ Special Diet or Nutritional Needs ___ Transportation
Please describe any additional services you may need: _____
_____

****Please attach a list of all current medications/supplements you take.***
List any allergies to medications: _____

I authorize the release of medical information from Healthcare Providers for review by Northaven Assisted Living for assessment purposes <u>prior</u> to move-in/admission to Northaven Assisted Living.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Representative (Relationship) Date