

**Dallastown Nursing Center
Pre-Residency Form**

Resident's Name
Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex M / F Religion _____

Marital Status _____ Admitted from _____

Social Security Number _____ Medicare number _____

Other Insurance _____

ID Number _____ Group number _____

Other Insurance _____

ID Number _____ Group number _____

Family Physician _____ Phone number _____

Address _____

Food/Medication Allergies _____

Hospital Preference _____ Living Will Yes/No

Podiatrist _____ Phone number _____

Funeral Home Preference _____ Phone number _____

Wish to use our Barber/Beautician? Yes/No How Often? weekly/bi-weekly/monthly

Type of Diet/Consistency _____ Chewing/Swallowing problems _____

Food Preference/Dislikes _____

Lifetime Occupation _____

Years of education (Highest level completed) _____

Alcohol _____ Smoking _____

Continent/Incontinent _____ Ambulation status _____

Usual wake up time _____ Bedtime _____ Naps _____

Fall risk _____ Recent fall date(s) _____

Daily routine (circle all that apply)

Stay up late/nap during day/hobbies/most of time alone/attends
church/synagogue/ showers for bathing/bathing in PM/finds strength in
faith/animal presence at home/involved in group activities

Plan for discharge (temporary/short term/discharge not anticipated) _____

Responsible Party (Billing) _____

Address _____

City _____ State _____ Zip Code _____

Phone number (home) _____ work _____ cell _____

Relationship to resident _____

Emergency Contact(s)

#1 Name _____

Address _____

City _____ State _____ Zip code _____

Phone number (home) _____ work _____ cell _____

Relationship to resident _____

#2 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone number (home) _____ work _____ cell _____

Relationship to resident _____

#3 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone number (home) _____ work _____ cell _____

Date of Application: _____

Signature of person completing form: _____