Elizabeth Residence Bayside 9279 N Port Washington Rd Bayside WI 53217 **Apartment #** **Telephone:**

Name:	DOB:	Adm Date:	Sex:
SSN:	Medicare #:	Religion:	
Insurance:	Policy:	Phone:	

Hospital Preference:

Name:
Telephone:
Address:

Contact Information:

Name, Address	Relationship	Telephone Numbers
		Home:
		Work:
		Cell:

Code Status:
Date of Last Tetanus
Pneumonia Vaccine
Flu Vaccine

Name, Address	Relationship	Telephone Numbers
		Home:
		Work:
		Cell:
Allergies:		

Adaptive Equpiment:
Dentures: ☐ Upper ☐ Lower
Partials: ☐ Upper ☐ Lower
Hearing Aid: ☐ Right ☐ Left
Ambulatory Aid:
☐ Cane
☐ Walker
☐ Other
Wheelchair: ☐ Rent ☐ Own

Medical History:

Additional Medical/Dental Information:

Consulting Doctor:

Name:	Phone:	
Address:		

Eye Doctor

Name:	Phone:	Fax:
Address:		

Dentist:

Name:	Phone:	Fax:
Address:		

Legal Information:	
Power of Attorney Health Care:	☐ Yes ☐ No
Name:	
Is it activated?	☐ Yes ☐ No
Financial Power of Attorney:	☐ Yes ☐ No
Name:	
Is it activated?	☐ Yes ☐ No
Living Will:	☐ Yes ☐ No

Social History:		
Funeral Home:	Phone:	Fax:
Address:		

Med. Management	☐ Yes ☐ No
Service Plan Plus	☐ Yes ☐ No