



Hope Senior Living
Hope Health &
Rehabilitation
Center

920-269-4386
www.hopehealthandrehab.com

APPLICATION FOR ADMISSION

Hope Health and Rehabilitation Center guarantees equal admission opportunity for all persons regardless of race, creed, color, sex, national origin, ancestry, handicap, age marital status, sexual orientation or arrest/conviction record, except as provided in any state, federal or local laws and regulations. We request that you complete the following application to the best of your ability. All information will be kept completely confidential. We ask that you return this prior to your admission conference. If you are unsure of how to answer some questions, we will be happy to assist you.

Name (in full): _____ Date: _____

Address: _____ Phone: _____

Currently Residing (where): _____

Date of Birth: _____ Place of Birth: _____

Previous Occupation: _____ Social Security #: _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Church: _____ Address: _____

Pastor: _____ Church Phone: _____

Name of Physician: _____ Phone: _____

Name of Funeral Home: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Do you have a living will? Yes _____ No _____

Power of Attorney Health Care Document? Yes _____ No _____ Agent: _____

Guardianship: Yes _____ No _____ Guardian: _____



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HEALTH HISTORY

Previous Illness: _____

Any nervous disorders/psychiatric treatment/mental illness diagnosis: _____

Medications Required: _____

Can you identify any problems we should expect and your suggestions on handling them?

Has individual's personality (temperament, mood, etc.) changed in the last several years?
(Indicate How)
