COUNTY OF LEHIGH CEDARBROOK SENIOR CARE AND REHABILITATION ADMISSION INQUIRY

CEDARBROOK - ALLENTOWN

350 S. CEDARBROOK ROAD ALLENTOWN, PA. 18104

> (610) 395-3727 FAX (610) 530-9360



CEDARBROOK - FOUNTAIN HILL

724 DELAWARE AVENUE BETHLEHEM, PA. 18015

> (610) 691-6700 FAX (610) 530-9360

A Community with Heart Offering Individualized Care and Excellent Service.

Date of Application:									
Facility Preference:	CBA	FH	Either	Length of S	tay:s	hort-term	lon	g-term	
Applicant's Full Name:				Social S	Security #:_				
	Last		First	Middle					
Maiden/Other Name:			Phone #:						
Home Address:									
Current Location:									
Date of Birth:				M Mari				_ D S	
Primary Language:			R	Religion/Church:					
Is the applicant a citiz If yes, check i				no uralization#					
Occupation:	Year Retired:			Retired	Retired From:				
Family Physician:			Phone Number:						
Any Hospitalization in Name of Hosp	oital:								
Admission Da					ge Date: _				
Any skilled facility/nu Name of Nurs	rsing home ing Home:	e stay? _	Yes	No					
Name of Nursing Home:Admission Date:			Discharge Date:						
Medical History:	Current Problems/Diagnosis:								
	PMH:								
Oxygen Needs:			Diet	:					
Is patient ambulator	y:								

Does the applicant have a financial Power of Attorned If yes, name of Power of Attorney	ey? Yes	_ No			
Does the applicant have an Advanced Directive? Indicate the type of Advanced Directive: Durable Power of Attorney for the interpretation of the property of the interpretation of the property of					
Living Will Does the applicant have a Legal Guardian? Guardian of the Person: Name of Guardian:	n of the Estate:				
Financial:					
** Remember to make the caller aware of our cost per (Financial Dept. needs to be aware) Will patient need to apply for MA on admission: YE		will need to apply for MA?			
Medical Insurance:					
Medicare #:	Other/HMO ID #:				
Secondary Insurance Name: Identification #:	Group #:	Plan:			
ACCESS/Medical Assistance: Yes	No				
MA/HMO:					
Long-Term Care Insurance:					
Company Name:	ID #:	Group #			
**NEXT OF KIN: (if none, name of intereste	d party)				
1) Name/Relationship:	2) Name/Relationship:				
Address:					
Home Phone #	· · · · · · · · · · · · · · · · · · ·				
Work Phone #	Work Phone #	Work Phone #			
Cell/Pager #	Cell/Pager #	Cell/Pager #			
Criminal History:					
Has the applicant ever been convicted of, or plead gu					