CLARVIEW
NURSING & REHABILITATION CENTER

Completed by Admissions Staff upon Admission

Admit Date_____ Room Number _____

Medical Record #:_____

Previous Admission: Yes ___ Date:_____ No ___

Admitted from: _____

Type of Stay being considered:

❑ Short-term / rehabilitation ❑ Long-term ❑ Hospice ❑ Respite

Applicant Name:_____ Gender: ❑ Female ❑ Male

Maiden Name:_____ Place of Birth:_____

Street Address:_____

City:_____ State: _____ Zip Code:_____

Home/Cell Phone:_____ Date of Birth:_____

Social Security #:_____ Are you a Veteran? ❑ Yes ❑ No

Resides: ❑ Alone ❑ Spouse ❑ Children ❑ Other: _____

Martial Status : ❑ Married ❑ Divorced ❑ Single ❑ Widowed

Education: ❑ High School ❑ College ❑ Technical ❑ Other_____

Name of Spouse/Significant Other:_____

Prior Occupation: _____

Primary Insurance:_____ Secondary Insurance: _____

Group #:_____ Group #:_____

Policy #:_____ Policy #:_____

Power of Attorney ❑ Yes ❑ No

Power of Attorney ❑ Yes ❑ No

Primary Contact

Name:_____

Relationship: _____

Address:_____

_____

Home or Cell Phone: _____

Email Address:_____

Alternative Contact

Name:_____

Relationship: _____

Address:_____

_____

Home or Cell Phone: _____

Email Address:_____

Addition Contact Person

Name: _____ Relationship: _____

Home or Cell Phone: _____ Email Address:_____

Primary Care Physician:_____ Office Phone:_____

Address:_____

Other Specialist Physicians:_____

_____

Do you have a Living Will/Advance directive? ❑ Yes ❑ No

Funeral Home: _____ Phone:_____

Address:_____

Income	Monthly Income	Self	Jointly Owned
	Social Security		
	Pension		
	Veterans		
	Interest		
	Annuities		
	Stocks/Bonds/Investments		
	Certificates of Deposit		
	Black Lung		
	Other Income: rental property, gas royalty, interest, dividends, etc.		

Assets	Financial Information	Self	Jointly Owned
	Balance of Checking Account (s)		
	Balance of Savings Account (s) and/or Money Market Accounts		
	Value of Life Insurance Policies		
	Fair market value any owned property/real estate		
	Value of Trust available for support and care		
	Value of Stocks/Bonds/Investments		
	Value of other assets		

Have you transferred any assets for less than full value within the last five (5) years? ❑ Yes ❑ No

How did you hear about the **CLARVIEW NURSING & REHABILITATION CENTER**?

_____

I hereby certify that the supplied information is correct and complete to the best of my knowledge.

_____ _____

Applicant Signature Date

_____ _____

Applicant's Responsible Party Signature Date