RIVERSIDE

Adult Day Services

Admission Date:_____

Application for Admission

Participant's name _____ Sex _____

Address _____City_____State/Zip _____

Phone Home (____)_____ Cell (____)_____ Race _____

Date of Birth _____ Age_____ Marital Status _____

Place of Birth _____ U.S. Citizen Yes___ No ___

Religion _____ Participant's Social Security # _____

Current medical diagnosis _____

Participant's personal physician _____ Phone # (____)_____

Participant's personal dentist_____ Phone # (____)_____

How did you hear about us? _____

Spouse's Name _____

Participant's representative_____ Relationship to participant_____

Address _____City_____State/Zip _____

Phone Home (____)_____ Bus. (____)_____ Cell (____)_____

Email _____

Emergency Contacts other than above:

Name _____ Relationship to Participant_____

Address _____City_____State/Zip _____

Phone Home (____)_____ Bus. (____)_____ Cell (____)_____

Email _____

Name _____ Relationship to Participant_____

Address _____City_____State/Zip _____

Phone Home (____)_____ Bus. (____)_____ Cell (____)_____

Email _____

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Person Responsible for Payment of Services

Name_____ Relationship to participant_____

Address _____City_____State/Zip _____

Phone Home (____)_____ Bus. (____)_____ Cell (____)_____

Email _____

Personal Information

Does the participant have an Advance Directive? Yes ___ No___

Does the participant have a "Do Not Resuscitate" (DNR) order? Yes ___* No___

(*If you selected "yes", you will need to bring a copy of the DNR to be kept at the center so that the EMT's will be able to honor the order.)

Preferred hospital in non-emergency situation _____

Previous Occupation _____

Participant's interests/hobbies _____

Prior Military Service? Yes ___ No___

I certify that to the best of my knowledge, the above information is accurate. I further understand that this information will be kept confidential by Riverside Health System.

Participant's signature _____ Date_____

Participant representative's signature _____ Date_____

Riverside representative _____ Date_____

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