



Hawley Senior Living

Information Needed Upon Admission



Name: _____ Date of Birth: _____ Marital Status _____

Previous address: _____

Social Security # _____ *Card needed to make a copy for chart*

Medicare # _____ *Card needed to make a copy for chart*

Insurance Company: _____ Group # _____

Policy #: _____ *Card needed to make a copy for chart*

Emergency Contacts:

1. Name: _____
Address: _____
Ph # Home: _____ Cell: _____ Work _____

2. Name: _____
Address: _____
Ph # Home: _____ Cell: _____ Work _____

Power of Attorney/Guardian/Conservator: _____
If yes, need copy of forms

Medical Directives: ___yes ___no; *If yes, need copy*

Primary Doctor: _____

Address: _____

Hospital choice: _____ Dentist: _____

Eye Doctor: _____ Pharmacy: _____

Drug allergies: _____

Other Allergies: _____

Mortuary: _____ Phone # _____