

Manor On The Hill

Luxurious Living at an Affordable Price!

ADMISSION APPLICATION

We recommend a tour of our facility and a meeting with the Director.

Client(s) Name: _____ Date: _____

Address: _____

E-mail: _____

Telephone: _____ Marital Status: _____ Social Security #: ____-____-____

Sex: _____ Religion: _____ Age: _____ DOB: _____

Current Living Arrangement: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Alternate

Emergency Contact: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

How did you hear about us? _____

Willingness to Accept Placement: _____

Admission From: _____

Health Insurance Status

Medicade #: _____ Medicare #: _____

Other Insurance (please specify): _____

450 N. Main Street
Leominster, MA 01453
www.manoronthehill.com

978-537-1661
email: manoronthehill1@aol.com
Fax 978-840-3341

Method of Payment

Private: _____ VA contract: _____ Other: _____

Long Term Care Insurance: _____

Type of Accommodation:

Private Room: _____ Semi-Private Room _____

Physician: _____

Address: _____ Phone: _____

Medications: _____

Food or Drug Allergies: _____

Method of Ambulation: _____

Appetite: _____ Special Dietary Requirements: _____

Medical History:

Behavioral and Psycho-Social Information: Please Circle YES NO

History of Mental Illness? Please Circle YES NO

Comments:

History of Alcoholism? Please Circle YES NO

I certify that to the best of my knowledge, the information I have provided on this form is correct

Signature

Date