



CONFIDENTIAL DATA PROFILE

All information will be held confidential.

FERRIS HILLS & CLARK MEADOWS
Independent and Enriched Senior Living

Please Print Clearly

1. **Name:** _____
LAST FIRST MIDDLE

2. **Address:** _____
STREET CITY STATE ZIP CODE

3. **Telephone No:** () _____ **Birth Date:** _____
MONTH DAY YEAR

4. **Marital Status:** Married _____ Single _____ Widowed _____

Number of Children: _____ **Wedding Anniversary:** _____
MONTH DAY YEAR

5. **Name of Spouse:** _____ **Birth Date:** _____
MONTH DAY YEAR

6. **Your Social Security Number:** _____

Spouse's Social Security Number: _____

7. **Power of Attorney (if applicable):** _____

Address: _____
STREET CITY STATE ZIP CODE

8. **1st Person to notify in case of emergency:** _____

Address: _____
STREET CITY STATE ZIP CODE

Telephone No: () _____

2nd Person to notify in case of emergency: _____

Address: _____
STREET CITY STATE ZIP CODE

Telephone No: () _____

3rd Person to notify in case of emergency: _____

Address: _____
STREET CITY STATE ZIP CODE

Telephone No: () _____

9. What was/is your occupation? _____

10. What are your hobbies or interests? _____

11. Church Affiliation: (Optional) _____

12. Licensed to drive a car? Yes ____ No ____

If yes, drivers license number (1st Person): _____ (2nd Person): _____

Would you bring a car? Yes ____ No ____

13. Do you have a pet? Yes ____ No ____ Describe pet: _____

14. Are you capable of Independent Living without help from anyone else?

1st Person: Yes ____ No ____ 2nd Person: Yes ____ No ____

15. Medicare No. (1st Person): _____ (2nd Person): _____

Supplemental Health Insurance:

Insurer: _____ Policy No: _____

16. Have you ever been a previous respite/short term stay resident at Clark Meadows? ____ Yes ____ No

17. Health Condition - Please explain any major change in your general health in the past year and any chronic illness or disability:

1st Person: _____

2nd Person: _____

18. Please give name, address and telephone number of primary physician:

Name: _____

Address: _____
STREET CITY STATE ZIP CODE

Telephone No: (____) _____