

CLARK MEADOWS AT FERRIS HILLS



CONFIDENTIAL DATA PROFILE

All information will be held confidential.

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 ____

Please fill in Insurance Information and/or provide a copy of your cards.

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: (____) _____



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