



**Application For Admission**

The resident is our primary concern. In order to provide the best care possible, and to meet state regulations, we request that you answer these questions. Please be as thorough as possible.

**For Office Use Only:**

Adm. Date: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 MR#: \_\_\_\_\_ L.O.C.: \_\_\_\_\_  
 Status: \_\_\_\_\_ Room: \_\_\_\_\_  
 Entered: \_\_\_\_\_  
 PAS Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last)		(First)	(Middle Name)	Sex	Birthdate	Birthplace
Previous Name(s):			Date(s) Changed:			
Current Street Address		City	State	Zip	How long at this address?	Telephone Number
Previous Address		City	State	Zip	How long at this address?	Convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizen of	Race	Marital Status	Previous Occupation & Employer		Driver's License No., State & Expiration Date	
Social Security Number		Maiden Name	Spouse's (Maiden) Name	Father's Name	Mother's (Maiden) Name	
Medicare Number	Hospital Effective Date	Medical Effective Date	IDPA/Medicaid Number			
Medicare Supplemental Insurance Company			Group #	I.D. #		
Primary Insurance Company or H.M.O. (within last 60 Days)			Group #	I.D.#	Veteran Yes/No	
Personal Physician	Telephone Number		Dentist	Telephone Number		
Religious Preference		Name of Church/Synagog			Location	
Indicate if the following Advance Directives have been completed (submit copies with completed application): Living Will _____ Power of Attorney for Healthcare _____ Power of Attorney for Estate/Property _____ Does applicant desire a "Do Not Resuscitate" (D.N.R.) order? _____						
Funeral Director		Telephone Number		Allergies:		

Whom to Notify	Relationship	Address	Telephone
#1			Home: Business: Cell:
#2			Home: Business: Cell:
#3			Home: Business: Cell:

In accordance with Illinois State law, the DuPage County Convalescent Center will be running a criminal background check on all persons prior to admission to this facility. By completion and submission of this application, you are giving consent for a criminal background check to be conducted electronically.