

TREYTON OAK TOWERS – PERSONAL RECORD

PERSONAL INFORMATION – ATTACH COPY OF SOCIAL SECURITY CARD & DRIVERS LICENSE

Name _____ Date of Birth _____ Marital Status _____
Race _____ Social Security _____ Military Services Branch _____
Former Occupation _____ Home Phone _____ Cell Phone _____
Religious Preference _____ Email Address _____

EMERGENCY CONTACTS

Name _____ Relationship _____ POA _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

Name _____ Relationship _____ POA _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

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INSURANCE INFORMATION – ATTACH COPIES OF CARDS (FRONT AND BACK)

Medicare ID _____ Medicare D Plan _____ ID _____
Supplemental Insurance Plan _____ ID _____ Group _____
Medicare Advantage Plan _____ ID _____ Group _____
Long Term Care Policy _____ Policy Number _____

FINANCIAL INFORMATION

Send Monthly Statement to _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

POWER OF ATTORNEY – ATTACH COPY OF P.O.A.

Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

RESIDENT NAME _____

MEDICAL INFORMATION

Physician _____ Phone _____

Address _____

Other Physician/Specialist _____ Phone _____

Address _____

Choice of Hospital _____

Medical Diagnosis _____

Medications _____

Allergies _____

Eyeglasses (Y/N) _____ Legally Blind (Y/N) _____

THE FOLLOWING ARE DEVICES THAT I CURRENTLY USE OR WILL HAVE IN MY APARTMENT

_____ Hospital Bed _____ Oxygen _____ Nebulizer _____ Power Lift Chair _____ Hearing Aids

_____ Wheelchair _____ Motorized Scooter/Powered Wheelchair

HEALTHCARE SURROGATE

Name _____ Relationship _____

Address _____ Phone _____

FUNERAL ARRANGEMENTS

Funeral Home _____ Address _____ Phone _____

Executor of Estate Name _____ Phone _____

DO YOU HAVE A LIVING WILL (Y/N) _____ (IF YES, ATTACH A COPY)
DO YOU HAVE A KENTUCKY EMS/DNR (Y/N) _____ (IF YES, ATTACH A COPY)

RESIDENT SIGNATURE _____

DATE _____