

IDENTIFICATION AND EMERGENCY INFORMATION

NAME OF RESIDENT	PHONE #	APT #
SOCIAL SECURITY #	DATE OF BIRTH	SEX (M or F)
NAME OF RESPONSIBLE PERSON		RELATIONSHIP
ADDRESS		PHONE #
DIAGNOSIS		
MEDICATIONS		
ALLERGIES		DATE OF LAST TETANUS
AMBULATORY STATUS	DATE OF LAST TB TEST	RESULT
RELIGIOUS PREFERENCE	NAME & ADD. OF CLERGYMAN	PHONE #

HEALTH RELATED CONTACTS

NAME	ADDRESS	PHONE
<i>PHYSICIAN</i>		
<i>DENTIST</i>		
<i>MENTAL HEALTH PROVIDER</i>		
<i>RELATIVE/FRIEND</i>		
<i>RELATIVE/FRIEND</i>		
<i>RELATIVE/FRIEND</i>		

INSURANCE INFORMATION

<u>NAME OF HOSPITAL</u>	<u>NAME OF INSURANCE PLAN</u>
<u>MEDICARE ID #</u>	<u>MEDICAL ID #</u>
<u>SUPPLEMENTAL INS NAME</u>	<u>SUPPLEMENTAL INS #</u>
<u>NAME OF DENTAL PLAN</u>	<u>DENTAL PLAN #</u>

AUTOMOBILE INFORMATION

<u>YEAR/MAKE</u>	<u>MODEL</u>	<u>LICENSE #</u>
<u>PERMIT #</u>	<u>GENIE #</u>	<u>PARKING SPACE #</u>

PET INFORMATION

<u>BREED</u>	<u>NAME</u>	<u>ADD'L INFO</u>
<u>NAME-RESPONSIBLE FOR PET IN ABSENCE</u>	<u>ADDRESS-PERSON RESPONSIBLE FOR PET IN ABSENCE</u>	<u>PHONE NO OF PERSON</u>

POWER OF ATTORNEY/CONSERVATOR

<u>NAME</u>	<u>ADDRESS</u>	<u>MEDICAL ONLY OR GENERAL</u>
		<u>PHONE #</u>

SIGNATURE OF PERSON COMPLETING FORM

TITLE

DATE

APARTMENT ENTRY AUTHORIZATION

IN THE EVENT OF AN UNPLANNED ABSENCE DUE TO AN ACCIDENT, HOSPITALIZATION, OR MY DEATH ONLY THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO ENTER MY APARTMENT:

RESIDENT'S SIGNATURE

DNR on File (Y or N)?

Resident #
2/172008