



Personal Health History

In order that our Medical Director be fully advised as to our Applicant's Health Status, it is necessary to submit the following information. Arbor Glen will be sending a comprehensive medical report to your doctor to fill out. The Admissions Committee of Arbor Glen realizes that all Applicants have had various illnesses in the course of their lives. Acceptance of an Applicant is not conditioned on perfect health.

Full Name _____

Date of Birth _____ Place of Birth _____

1. Estimate in your own words the condition of your health _____
2. List all medical conditions (heart, diabetes, kidney, mental health, etc.) and dates of onset.

Diseases	Date
A. _____	_____
B. _____	_____
C. _____	_____

3. Specify any physical limitations or disabilities (glasses, hearing aid, arthritis, etc.) _____

4. Describe any allergies, including reactions to drugs _____

5. A. List all surgical operations and dates _____

5. B. List all hospitalizations within the last 10 years, diagnosis and treatment

6. Are you able to walk to meals in the Central Dining Room and to attend resident functions? _____

7. Any special diet? _____

8. Do you smoke? _____ (Note: Arbor Glen strives to be a 100% smoke-free facility. Smoking is permitted only in designated outside areas).

9. Are you presently under special medical care? _____

If so, for what? _____

10. What medicines, including vitamins are you taking? _____

11. List all medical insurances and policy numbers _____

Medicare # _____ Part A _____ Part B _____

Supplemental Insurance _____ Company _____

Contract # _____ Policy # _____

Long-term care (nursing home) _____

Other _____

12. Your physician's name _____

Address _____

Phone _____ Fax _____

13. Are you able to live an independent life style without requiring help of any kind? _____

If not, what kind of help do you need? _____

I affirm that the forgoing is a true statement of facts and is submitted as part of an application for residency at Arbor Glen.

Signed _____ Date _____