



Assisted Living Residence/ Enhanced Assisted Living Residence Admission Evaluation Form

Name: _____ Sex: _____ Age: _____ Date: _____

Birthdate: _____ Desired Occupancy Date: _____ Marital Status: _____

Legal Residence: _____ Phone: _____

Religion: _____ Church Affiliation: _____

Social Security Number: _____ Date of issuance: _____

Medicare #: _____ Medicaid #: _____

Other Health Insurance: _____ Policy #: _____

Prescription Drug Plan: _____ ID #: _____

Physician: _____ Address: _____ Phone: _____

Cardiologist: _____ Address: _____ Phone: _____

Eye Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Psychiatrist: _____ Address: _____ Phone: _____

Podiatrist: _____ Address: _____ Phone: _____

Other: _____ Address: _____ Phone: _____

Medical Equipment: _____

Present diagnosis: _____

Medical History: _____

Current Medications (Include non-prescription drugs): _____

Pharmacy: _____ Address: _____ Phone: _____

Prescribed Diet: _____

Allergies: _____

How did you hear about Longview?

- Friend/family
- Newspaper
- Radio
- Online
- Resident/Tenant at Longview
- Magazine advertisement
- Cornell
- Ithaca College
- Other _____