

Lakeland Health Care Center
Pre-Admission Application

Personal Information

Name: _____ Date: _____

Address: _____

Telephone: _____

Sex: Male Female Marital Status: _____ Birth Date: _____

Health Concerns: _____

Currently ready for admission? Yes No

Desire future admission? Yes No

(if you desire future admission, please contact us when you are ready.)

Church: _____

Funeral Home: _____

Physician: _____

Dentist: _____

Eye Doctor: _____

Other Health Care Providers: _____

Social Security No: _____

Hospice Preference _____

Past or present occupation: _____

Military (yourself or spouse): _____

Have you ever been in another nursing home? Yes No If yes, when? _____

Check all that are appropriate *(please provide the facility with a copy):*

- Guardian
- Durable Power of Attorney Health Care Finances
- Other (living will, conservator, etc.)

Who to contact in case of emergency:

1) Name: _____

2) Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Insurance Information:

Medicare No. _____ Part A _____ Part B _____

Medical Assistance No: _____ Effective Date: _____

Prescription Drug Plan: _____

Long Term Care Insurance Company: _____

Health Insurance Company: _____

Is this a Medicare Supplement? Yes No Family Care participant? Yes No

Subscriber No: _____ Group No.: _____

Financial Information: *(check one box: Are assets on this form available for)*

Individual seeking admission OR Individual seeking admission and spouse living in the Community

Fixed Monthly Income:

Social Security/SSI \$ _____
Pensions \$ _____
Annuities or Trust Funds \$ _____
Veteran Benefits \$ _____
Rents \$ _____
Other \$ _____

TOTAL \$ _____

Monthly Income From Other Sources:

Dividends, Interest \$ _____
Other \$ _____

TOTAL \$ _____

Assets

Stocks, Mutual Funds, Bonds \$ _____
Savings Accounts, Checking \$ _____
Certificates of Deposit \$ _____
Real Estate \$ _____
Life Insurance \$ _____
Other (i.e., burial trust) \$ _____

TOTAL \$ _____

TOTAL ASSETS \$ _____

Person completing application: _____

Telephone: _____

Please return completed form to:
Admissions Coordinator
1922 County Road NN
Elkhorn, WI 53121
Or fax to: 262-741-3682