



# BETHANY HOME

## PERSONAL HEALTH HISTORY (To be completed by applicant and submitted with **Admission Application.**)

Name: \_\_\_\_\_

Do you have any disability/disabilities?  Y  N (If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide approximate dates and nature of any major illness or surgical procedures that you have experienced.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any condition(s) that may require surgery, bed care, special treatment or diet?:  Y  N  
(If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you walk at all times without assistance?:  Y  N

Do you personally care for your present living quarters?:  Y  N

Do you dress yourself without aid?:  Y  N

Can you care for all your normal needs?:  Y  N

***I hereby grant permission to the following physician to give full information of my medical history to the Administrator, Social Worker/Admissions Director, or the Director of Nursing of Bethany Home for their confidential use in considering this application. Furthermore, I hereby grant permission for all the information here included to be used by the Admissions Committee in considering my application.***

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_