

Personal Health History

(To be completed by applicant and submitted before admission)

Name: _____

Date of Birth: _____ Social Security #: _____

For the questions below please select yes or no. If selecting yes, please explain further. Attach additional pages if necessary.

Allergies Yes No _____

Depression (history or current) Yes No _____

Anxiety (history or current) Yes No _____

Other behavioral or mental health conditions (specify) Yes No _____

Previous inpatient psychiatric hospitalizations Yes No _____

Diagnosis or concern related to memory loss, dementia, or cognitive impairment (explain & include timeframe) Yes No _____

Parkinson's Disease Yes No _____

Disabilities Yes No _____

Able to manage incontinence independently Yes No _____

Dress yourself without aid Yes No _____

Personally care for your present living quarters Yes No _____

Care for all your daily personal care needs Yes No _____

Current wounds requiring treatment Yes No _____

Mobility status (check all that apply) Walks independently Cane Walker Wheelchair _____

Dietary needs or restrictions (ex. Gluten free, lactose free, ground meat, pureed, tube feedings, food allergies):
 Yes No _____

Behaviors (self-injurious, suicide attempt history, physical violence or threats, hallucinations or delusions, isolation, excessive tearfulness or irritability, other)
 Yes No _____

Provide approximate date and nature of any major illness or surgical procedures, or any other medical information you think we would find helpful in providing care.

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 to be used by the Admissions Committee in considering my application.

Physician's Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Applicant's Signature _____ Date _____