



Timber Oaks  
 Oak Ridge  
 Care Center

262-878-2788

www.oakridgecarecenter.com

APPLICATION FOR ADMISSION

Oak Ridge Care Center guarantees equal admission opportunity for all persons regardless of race, creed, color, sex, national origin, ancestry, handicap, age marital status, sexual orientation or arrest/conviction record, except as provided in any state, federal or local laws and regulations. We request that you complete the following application to the best of your ability. All information will be kept completely confidential. We ask that you return this prior to your admission conference. If you are unsure of how to answer some questions, we will be happy to assist you.

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 Name (in full): \_\_\_\_\_ Date: \_\_\_\_\_

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

Currently Residing (where): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a living will? Yes \_\_\_\_\_ No \_\_\_\_\_

Power of Attorney Health Care Document? Yes \_\_\_\_\_ No \_\_\_\_\_ Agent: \_\_\_\_\_

Guardianship: Yes \_\_\_\_\_ No \_\_\_\_\_ Guardian: \_\_\_\_\_



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HEALTH HISTORY

Previous Illness: \_\_\_\_\_

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Any nervous disorders/psychiatric treatment/mental illness diagnosis: \_\_\_\_\_

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Medications Required: \_\_\_\_\_

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Can you identify any problems we should expect and your suggestions on handling them?

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Has individual's personality (temperament, mood, etc.) changed in the last several years?  
(Indicate How)

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