



THE BRITISH HOME IN CALIFORNIA, LTD.

Independent and Assisted Living Identification / Emergency Information – Pre-Admission

Name of Applicant: _____ Phone: _____

Address: _____

Is Applicant currently living in a retirement center or nursing home? _____ Yes _____ No

If Yes, Name of Home: _____ Phone: _____

Age: _____ Birth date: _____ Birthplace: _____

Gender: _____ Marital Status: _____ Religious Preference (if any): _____

Social Security # (provide copy)

Medicare # (provide copy)

Effective Date

Supplemental Insurance: _____ Policy #: _____

Additional person(s) to be notified in emergency (family/friends; List in priority)

1) Name: _____ Relationship: _____ Email: _____

Address: _____

Phone(s): _____

Home

Work

Cell

2) Name: _____ Relationship: _____ Email: _____

Address: _____

Phone(s): _____

Home

Work

Cell

3) Name: _____ Relationship: _____ Email: _____

Address: _____

Phone(s): _____

Home

Work

Cell

Applicant/ Family TO COMPLETE
ID/ Emergency Information Pre-admission

After Admission:

Physician Name: _____ Phone: _____
Address: _____

Dentist Name: _____ Phone: _____
Address: _____

DNR (Do Not Resuscitate) Form in place: _____ No _____ Yes - (Provide copy)

Durable Powers of Attorney in place: _____ No _____ Yes - (Provide Copies)

_____ Health Name: _____ Relationship: _____
Best Phone: _____

_____ Financial Name: _____ Relationship: _____
Best Phone: _____

Final Arrangements: (Must be provided upon admission)

Mortuary Name: _____ Phone: _____
Burial plan (if any): _____

Financial Information:

Responsible Party: _____ Self _____ Relative _____ Conservator

Is the applicant eligible for Supplemental Security Income (SSI) ? _____ Yes _____ No

Eligible for Medi-Cal? _____ Yes _____ No Medi-Cal #: _____

I hereby certify that the information on this form is true and complete.

Signature of Applicant or Applicant's Representative

Date

Return to: The British Home, 647 Manzanita Ave., Sierra Madre, CA 91024