

# Bellbrook Cottage

## In Home Senior Care



Bellbrook Cottage  
268 Denison Drive  
Pottsboro, TX 75076

903.818.0280

administrator@bellbrookcottage.com

www.bellbrookcottage.com

*"Lakeshore Living Where Peace and Tranquility Surround You"*

### RESIDENT APPLICATION

**IN COMPLIANCE WITH FEDERAL AND TEXAS STATE LAWS, BELLBROOK COTTAGE DOES NOT DISCRIMINATE BASED UPON RACE, AGE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE, DISABILITY, HANDICAP, MARITAL STATUS, SPONSORSHIP, OR SOURCE OF PAYMENT IN THE ADMISSION, RETENTION OR CARE OF ANY INDIVIDUAL.**

#### GENERAL INFORMATION

Last Name		First		M.I.	Date
Most recent street address				Apartment/Unit #	
City		State		ZIP	
Phone					
Medicaid No.		Medicare No.		Age	
Date of Birth			Place of Birth		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one) Single / Mar / Div / Sep / Wid			
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
Religion					
If widowed, name and date of death of spouse					
Referred by (circle one) Self / Doctor / Social Worker / Next of Kin / Other					
Name of Referrer					
Applicant is now at (circle one) Home / Hospital / Nursing Home / Assisted Living / Other (please specify)					
If currently in hospital or other facility, please specify the following:					
Hospital/Facility Name			Date of Admission		
Address					
Name of discharge planner					

#### MEDICAL HISTORY

Past Surgeries					
Last Flu Vaccine		Last Pneumonia Vaccine		Last Tetanus Shot	
Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incontinent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulatory Assistance		If Yes (circle one) Walker / Wheelchair / Cane / Other (please specify)			
Does applicant require a hospital bed		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Doctor			Specialty Doctor		
Address, City, St.			Address, City, St.		
Phone	FAX	Phone	FAX	Phone	FAX

<b>MEDICAL HISTORY (CONT.)</b>			
Podiatrist		Dentist	
Address, City, St.		Address, City, St.	
Phone	FAX	Phone	FAX
Other Doctor		Other Doctor	
Address, City, St.		Address, City, St.	
Phone	FAX	Phone	FAX
Known food and medical allergies			
Current medications (if more space is requires, please use another sheet)			

<b>GUARDIAN OR POWER OF ATTORNEY</b>	
Appointed Guardian or Power of Attorney (if applicable)	
Full Name	
Address	City, St, Zip
Phone	Secondary Phone
Relationship	Email Address

<b>NEXT OF KIN</b>	
Full Name	
Address	City, St, Zip
Phone	Secondary Phone
Relationship	Email Address
Full Name	
Address	City, St, Zip
Phone	Secondary Phone
Relationship	Email Address
Full Name	
Address	City, St, Zip
Phone	Secondary Phone
Relationship	Email Address
Relationship	Email Address

**PERSONAL HISTORY**

Education

Last Significant Employment

Hobbies

Past and Present Club Affiliations

Language(s) spoken

Other Comments

**PHOTOGRAPHS**

Yes, I authorize Bellbrook Cottage to make photographs of applicant for craft and publication purposes.

No, I do not authorize Bellbrook Cottage to make photographs of applicant for craft and publication purposes.

**SIGNATURE**

Signature Date

Relationship Phone