

# Medical Information

Resident \_\_\_\_\_

1. Please include a copy of your immunization records, including but not limited to: tetanus, tuberculosis, Hepatitis (A and B), and MMR

2. Please fill out this general health survey. If you need to write more than space allows, please include a separate sheet of paper, clearly marked. Are you in good health? \_\_\_\_\_

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Do you have any physical disabilities? If yes, please explain: \_\_\_\_\_

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List any major illnesses you have had and the year(s) in which you experienced them: \_\_\_\_\_

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Do you have any communicable diseases? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Are you presently on medication or under a physician's care for a specific condition? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Do you have any allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been, or are you now presently under psychiatric or psychological care, counseling or psychotherapy? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been hospitalized or admitted to a treatment facility for any reason? \_\_\_\_\_

If yes, when and where? Explain: \_\_\_\_\_

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## **Privacy**

This information is used in case of emergency or dealing with problems that may occur. We also use this information to make the resident and their co-residents as comfortable as possible in their stay at the Courtyard. The Courtyard Director will maintain this information in a private manner to safeguard your privacy.

## **Consent for Treatment**

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery as the attending doctor or physician may deem necessary.

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

Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City State Zip \_\_\_\_\_

For emergency purposes, please give us the name, address and phone number of your nearest living relative or emergency contact:

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

Relation: \_\_\_\_\_ Phone \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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