

Our Lady of Consolation  
111 Beach Drive  
West Islip, N.Y. 11795  
631-587-1600  
(Fax) 631- 587-1640

ADMISSION INFORMATION/TELEPHONE EVAL

Name \_\_\_\_\_ Tel  
. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Sta  
te \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ How Long at this  
Address \_\_\_\_\_

Previous  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Birthplace \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Citizen \_\_\_ Yes \_\_\_ No Alien Registration  
Number \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Medicare  
No. \_\_\_\_\_ Suffix \_\_\_\_\_

Medicaid#: \_\_\_\_\_ Secondary Ins: \_\_\_\_\_ HMO:  
\_\_\_\_\_

Applying for Medicaid, date applied \_\_\_\_\_ Case Worker \_\_\_\_\_  
Phone# \_\_\_\_\_

Attorney Name & #: \_\_\_\_\_  
Former Occupation \_\_\_\_\_

Religion \_\_\_\_\_

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Is Applicant in the Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Adult  
Home \_\_\_\_\_ Home \_\_\_\_\_ of F Name of  
Facility \_\_\_\_\_ Tel.

No. \_\_\_\_\_  
Address of Facility \_\_\_\_\_ Date of  
Admission \_\_\_\_\_

Applicant's Attending Physician \_\_\_\_\_ Tel. No. \_\_\_\_\_

Is Short Term or Long Term Care being sought?  
\_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's first Name \_\_\_\_\_  
If Spouse is living, Address \_\_\_\_\_ City  
\_\_\_\_\_ State \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Spouse's Soc. Sec.  
No. \_\_\_\_\_

U.S. Armed Forces: Applicant \_\_\_ Yes \_\_\_ No Spouse \_\_\_ Yes \_\_\_ No

**DESIGNATED REPRESENTATIVE: Responsible Person**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. (Home) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Tel. (Work) \_\_\_\_\_

E-mail \_\_\_\_\_ Tel. (Cell) \_\_\_\_\_

**ALTERNATE DESIGNATED REPRESENTATIVE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. (Home) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Tel. (Work) \_\_\_\_\_

E-mail \_\_\_\_\_ Tel. (Cell) \_\_\_\_\_

Advanced Directives: HCP \_\_\_ POA \_\_\_ Living Will \_\_\_ DNR \_\_\_

Any Home Care Services: \_\_\_\_\_

Circle all that apply: Recent Falls Wandering Restless Smoker

Alcohol Use

Alert Orientated Follows Directions

Signature of Applicant/Responsible

Person \_\_\_\_\_ Date \_\_\_\_\_

*Our Lady of Consolation prohibits discrimination based on race, color, creed, national origin, sex, sexual preference, age, handicap, marital or veteran status, or source of payment as contained in NY State and Federal law. Revised 1/1/09*