

FRIENDS OF ST-JOSEPH'S MANOR
APPLICATION FOR RESIDENCY

Name: _____
Present address: _____ Phone # _____
DOB: _____ Birthplace _____
Single married widowed divorced separated Spouse _____
Father's Name _____ Mother's Maiden Name _____
Health # _____ Expiry Date _____
Reason for moving from present address _____
Desired date of accommodation _____ Size of room preferred: _____
Contact Person (in case of emergency) _____ Relationship _____
Address: _____ Phone _____
Person with power of attorney _____ Relationship _____
Address: _____ Phone _____
Doctor: _____ Phone _____
Do you smoke? Yes No

HEALTH STATUS

Eyesight: Good Fair Glasses Artificial eye Contact lenses
Hearing: Good Fair Hard of hearing left ear right ear
Hearing aid: left ear right ear
Dentures: upper lower Partial
Mobility: Self Cane Walker Wheelchair Requires assistance to _____
Diet: _____ Food dislike _____

Allergies _____

Medications presently taken (A list from the Pharmacy will be required).

Hospitalized in the past year yes no **If yes when?** _____

Give reasons and length of stay: _____

DISEASES AND CHRONIC DISABILITIES: (please check)

Diabetes: controlled by: diet oral medication insulin
Need assistance with injection: yes no Hypertension Heart disease
Arteriosclerosis Emphysema Asthma Chronic bronchitis Arthritis
Other medical problems: _____

Clubs, hobbies, interests: _____

Once you are accepted in the Manor a long form Birth certificate will be required.

Signature _____ **Date** _____

(Please return this completed application to Box 609, 24 Reid Street Campbell's Bay QC, for information Phone 819-648-5905)