



Birmingham Green
Where Life Flourishes

ADMISSION APPLICATION

NVHC	
District Home	
Wilow Oaks	

PERSONAL INFORMATION

Applicant Name

First Middle Last

Current Address

Street City State Zip

County

Social Security # Medicare # Medicare D Plan

Other Insurance Medicaid # ID # RxBin
Group # RxPCN

Birth Date Birthplace Sex (Circle One) US Citizenship Other Country
Male/Female/Other Yes No

Occupation Education Marital Status Spouse Name Military Branch
S M Wid Div

GENERAL INFORMATION

Primary Physician (name and contact information) Other Physican (name and contact information)

Dentist (name and contact information) Other Physican (name and contact information)

Psychiatrist, case worker, social worker, Department of Social Services case worker (name and contact information)

Emergency Contact #1 Phone

Name Relationship Email

Emergency Contact #2 Phone

Name Relationship Email

History of Substance Abuse:

Do you currently smoke or drink alcohol? Yes No

If yes specify and quantity

ADVANCE DIRECTIVES

Medical Power of Attorney yes no Relationship

Name Email Phone

Financial Power of Attourny yes no Relationship

Name Email Phone

Legal Guardian yes no Relationship

Name Email Phone

Signature of Applicant/Responsible Party Date

Birmingham Green does not discriminate against any adult on the basis of race, color, national origin, disability, gender identity or age in admission, treatment, or participation in its programs, services, and activities or in employment. For further information about this policy contact Human Resources at: 703-257-6210

ALL ABOUT ME

Full Name

Preferred Name

Current living situation

Carer/The person who knows me best

Favorite Activities

Hobbies/Interests

Favorite Foods- Likes/Dislikes

The following routines are important to me

Things that worry or upset me

What makes me feel better if I am anxious or upset

My hearing and eyesight

How can we communicate

My mobility

My sleep

My personal care

How I take my medication

My eating and drinking

Other notes about me

Signature of Applicant/Responsible Party

Date