



COUNTRYSIDE ASSISTED LIVING

Care ♥ Comfort ♥ Peace of Mind

Countryside Assisted Living ~
1228 Berkeley Station Rd ~
Martinsburg, WV 25404 ~ (304) 596-6227

Pre-Admission Application

1. Name _____
First Middle Last

2. Address _____
Street City State Zip Code

3. Telephone (____) _____ Date of Birth _____
Month Day Year

4. Marital Status (Circle One) Married Single Widowed Divorced

5. Social Security # _____ - _____ - _____

6. Personal Physician's Name:

List medical conditions:

Current medications:

7. Health Insurance Policies? _____ ID# _____
Name of Company

Medicare # _____

Long Term Care Insurance: Yes _____ No _____

Name of Company & Policy #: _____

8. Recent Hospitalization/Nursing Home Admissions
(list dates and reasons for treatment) _____

9. List below, beginning with Power of Attorney/Guardian and other nearest relatives/contact persons. (Please attach copy of Power of Attorney/Guardianship)

Name & Relationship Address Telephone-Home/Work

10. Pastor's Name _____ Church Name _____

11. Living Will/Advanced Directive: Yes _____ No _____

12. Names of Funeral Director of Choice: _____

(Address & Phone)

13. Approximate date desired for residence:

Immediate _____ Other future date (month & year) _____

Printed Name & Signature of Applicant or Applicant's Representative

Date

FOR OFFICIAL USE ONLY:	
Date Application Received _____	

Signed _____	Date _____
Countryside Assisted Living Administrator	