

Application Form #1 Friendsview Retirement Community

APPLICATION FOR RESIDENCY

Name:			Date:		
Last	First	Mi	ddle		
Address:					
Street		City	State	Zip	
Phone:					
Date of Birth:		Age:	Age: M/F:		
Married:	Single:		Widowed:		
Spouse's Name:		Date of marriage:			
Present/Previous Occi	apations:				
What is drawing you t	to Friendsview?				
Medical Information How is your health cu					
What physical limitati	ons do you have?				
What dental problems	do you have?				
Do you use tobacco?		Drink alco	ohol?		
Do you use assistance	when walking? (ca	nne, walker, et	c.) If so, d	escribe:	
Immunizations	Dat	te			
Tetanus					
Influenza		_			
Pneumonia Vacci	ne				
Signature:			Date:		