

PROVIDENCE REST ADULT DAY HEALTH CARE

3304 Waterbury Avenue

Bronx, New York 10465

Phone: (718) 931-3000 ext. 8389 Fax: (718) 824-1580

APPLICATION FOR ADULT DAY HEALTH

Date: _____

Registrant Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

_____ Medicaid Number: _____
Sequence # _____

Tel. #: _____ Medicare Number: _____ A _____ B

Name of Person Completing Application: _____ Phone # _____

Address: _____

List all Medical Problems:

Does the registrant have Dementia or Alzheimer's ? _____ yes _____ no

Does the registrant use: _____ a cane _____ walker or _____ wheelchair?

Physician Name: _____

Address: _____

Phone: _____

FAX. # _____

Home Care Agency: _____

Home Attendant Days/ Hours _____

Tel. # _____

Emergency Contacts:

◀ Name: _____

Address _____

Relationship _____

Tel. #: Home: _____

Bus. # _____

Cell# _____

◀ Name: _____

Address _____

Relationship _____

Tel. #: Home: _____

Bus. # _____

Cell # _____