

Providence Benedictine Orchard House

Assisted Living Facility

Inquiry Form

Date:		
Name:		
Address:		
Phone:	Gender:	Date of Birth:
Person Making Inquiry:		Relationship:
Address:		Phone:
Desired Move-In Date:		
Please answer the following, then return to Orchard House		

1. I am Currently Living at :

- | | |
|--|---|
| <input type="checkbox"/> Home, Independently | <input type="checkbox"/> Senior Independent Apartment |
| <input type="checkbox"/> Assisting Living Facility | <input type="checkbox"/> Home with a Caregiver |
| <input type="checkbox"/> Adult Foster Care Home | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Other | |

2. Please provide a medical history, past and present, as pertains to admission.

3. How did you hear about us?

Providence Benedictine Orchard House

4. Current Financial Status: Private Medicaid Other:

If private, how long do you anticipate paying privately?

5. How did you hear about us?

6. Do you need help with any of the following: Please Explain?

Bathing Y N

Night Needs Y N

Walking Y N

Transferring Y N

Eating Y N

Dressing Y N

Continence Y N

Medications Y N

Please list medication names and amounts:

Thank you for completing this inquiry form. This will help us better determine if we can meet your needs.

Please return to:

Providence Benedictine Orchard House
550 S Main St
Mt Angel, OR 97362