Benchmark Senior Living New Resident Contact Form

Resident's Name:

____

Representatives and Emergency Contact Preferences

If there is someone designated to manage your affairs, please describe type of power given (i.e., financial, durable, medical, springing, general, limited, conservator, guardian) and list name, address, and phone number of person who holds such power. Please furnish a complete copy of the authorizing document, as well as any trust documents, which may pertain to these Powers.

Representative 1:

Name: ________________________________Relationship: ___________________

Address: ____

City: ___________________________________State: _________ Zip: _________

Phone: (____) _________-____________

Work: (_____) ________-_____________ ext. _________

Cell: (_____) ________-____________

E-mail: ____

Type of Power Given:

☐ Responsible Party

☐ Power of Attorney (Type(s): _______________________)

☐ Healthcare Proxy

☐ Emergency Contact – Primary / Secondary / Tertiary (Circle One)

☐ Other (Guardian, Conservator, etc.) _________________________________

Representative 2:

Name: _________________________________Relationship: ___________________

Address: ____

City: ____________________________________State: _________ Zip: _________

Phone: (____) _________-___________

Work: (_____) ________-____________ ext. _________

Cell: (_____) ________-___________

E-mail: ____

Type of Power Given:

☐ Responsible Party

☐ Power of Attorney (Type(s): _______________________)

☐ Healthcare Proxy

☐ Emergency Contact – Primary / Secondary / Tertiary (Circle One)

☐ Other (Guardian, Conservator, etc.) __________________________________

Representative 3:

Name: _________________________________Relationship: ___________________

Address: ____

City: ____________________________________State: _________ Zip: _________

Phone: (____) _________-___________

Work: (_____) ________-____________ ext. _________

Cell: (_____) ________-___________

E-mail: ____

Type of Power Given:

☐ Responsible Party

☐ Power of Attorney (Type(s): _______________________)

☐ Healthcare Proxy

☐ Emergency Contact – Primary / Secondary / Tertiary (Circle One)

☐ Other (Guardian, Conservator, etc.) __________________________________

Representative 4:

Name: ________________________________Relationship: ___________________

Address: ____

City: ___________________________________State: _________ Zip: _________

Phone: (____) _________-____________

Work: (_____) ________-_____________ ext. _________

Cell: (_____) ________-____________

E-mail: ____

Type of Power Given:

☐ Responsible Party

☐ Power of Attorney (Type(s): _______________________)

☐ Healthcare Proxy

☐ Emergency Contact – Primary / Secondary / Tertiary (Circle One)

☐ Other (Guardian, Conservator, etc.) _______________________________

Insurance Information

Please list all of your medical insurance coverage, including supplemental and long-term care:

____Policy # _______________

____Policy # _______________

____Policy # _______________

Long-Term Care Insurance Company # ______________Policy #___________

Health Information

Primary Care Physician's Name: _______________________________________

Address: ____

City: ___________________________________State: _________ Zip: _________

Phone: (____) _________-____________

Fax: (_) ____________-_____________

Physician's Specialty:

____

Pharmacy: ___________________________________

Phone: (_____) ________-____________

Dentist: _____________________________________

Phone: (_____) ________-____________

Other Health Care Providers seen by resident:

1) Physician's Name: ____

Phone: (_____) ________-____________

Physician's Specialty: ____

2) Physician's Name: ____

Phone: (_____) ________-____________

Physician's Specialty: ____

Other Information

Religious Preference (optional):

____

House of Worship:

____

Clergy Name: __________________Phone: (_____) ________-____________

Do you have a Funeral Home preference?

____

Address: _______________________Phone: (_____) ________-____________

Do you intend to maintain a car? Yes No

If yes, Make, Model, Year and license plate #:

____