



A nonprofit home specializing in dementia care.

Admission Application

Respite _____ Permanent Placement _____

Name _____ Sex _____

Legal Address _____

DOB _____ City of Birth _____ State of Birth _____

Email Address _____ Marital Status _____ Religion _____

Social Security # _____ Medicare # _____

Medicaid # _____ Other Health Insurance _____

Long Term Care Insurance _____

Veteran ___ Yes ___ No Veteran Spouse ___ Yes ___ No Do You Have VA Benefits _____

Responsible Parties Name _____

Home Phone # _____ Cell # _____ Work # _____

Address if Different from the Above Address _____

Additional Contact Person _____ Relationship _____

Phone _____ Address _____

Additional Contact Person _____ Relationship _____

Phone _____ Address _____

PO Box 87 • 34 Ridge Road, Deerfield, New Hampshire 03037
Tel: (603) 463-7002 • Fax: (603) 463-9721 • TTY: (603) 463-8302
www.innatdeerfield.org

The Inn at Deerfield is an equal opportunity provider, and employer.

The INN At
DEERFIELD
INC.

*A nonprofit home specializing
in dementia care.*

Responsible Person for Billing (If same as responsible party leave blank)

Would you like The Inn at Deerfield to Send You Invoices Via Email _____

Would you like The Inn at Deerfield to Send You Notices of Events Via Email _____

Name of Primary Care _____ Phone # _____

Address _____

Other Care Provider Name _____ Phone # _____

Address _____

Other Care Provider Name _____ Phone # _____

Address _____

Legally Competent ___ Yes ___ No (If No, Please Attach DPOA or Guardianship Papers)

Durable Power of Attorney ___ Yes ___ No Guardianship ___ Yes ___ No

Name of Guardian _____

Phone # _____ Address _____

Known Allergies _____

What is the Residents Current Condition _____

Discharge Plan/ Home Situation _____

Any Surgical Problems _____

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Medical Problems _____
(Cardiovascular, Respiratory, Neurological)

Past History

Cancer _____ Depression _____ High Blood Pressure _____ Stroke _____

Diabetes _____ Anxiety _____ Dementia _____ Heart Disease _____

Personal History

Smoker _____ Non Smoker _____ Dexterity R Hand _____ L Hand _____

Funeral Home Arrangements (we only require the name of the Funeral Home and Number)

List Any Other Information You Feel Pertinent To This Application

Printed Name of Person Submitting this form

Signature

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