

# Crestmont North Tour Information

Date \_\_\_\_\_ Given by \_\_\_\_\_

## Potential Resident

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
Phone \_\_\_\_\_ Sex M F

Current Location \_\_\_\_\_  
Social Worker \_\_\_\_\_

Admit Date \_\_\_\_\_ Anticipated D/C date \_\_\_\_\_

## Inquirer

Name \_\_\_\_\_ Home # \_\_\_\_\_  
Address \_\_\_\_\_ Work # \_\_\_\_\_  
Relation to Resident \_\_\_\_\_ Cell # \_\_\_\_\_  
POA \_\_\_\_\_

## Insurance Information

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_  
Other Ins. \_\_\_\_\_ No. \_\_\_\_\_

## Medical Information

Medical, physical, mental concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Therapy

\_\_\_\_\_ Physical \_\_\_\_\_ Occupational \_\_\_\_\_ Speech

## Discharge Goal

\_\_\_ Home alone \_\_\_\_\_ Home with family \_\_\_ Long Term Care  
\_\_\_ Assisted Living \_\_\_ Other: \_\_\_\_\_

## Physician

Name \_\_\_\_\_ Will Follow Y N  
Phone No \_\_\_\_\_

## How did you hear about Crestmont North?

\_\_\_ Yellow Pages \_\_\_ Social Worker \_\_\_ Physician \_\_\_ Friend/Family  
\_\_\_ Other: \_\_\_\_\_