

PERSONAL DATA SHEET

ADVANCED DIRECTIVES: <input checked="" type="checkbox"/> DNR <input checked="" type="checkbox"/> HCP	SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	COR Status : Hospice Care
FACILITY NAME AL-Insight	LEVEL OF CARE Level One	ROOM NO. 108

RESIDENT'S NAME (Last Name, First Name, M.I.) Curious, George,	DOB: 1/1/1900
RELIGION : N/A SOCIAL SECURITY NO.: 123-45-8963	Medical Record: 101

Diagnosis : Hypertension, Arthritis, Dementia

NOTIFY IN CASE OF EMERGENCY	ATTENDING PHYSICIAN		
NAME Vincent Saturnino	RELATIONSHIP Son	NAME Dr. Doctor Primary1	
STREET 3451 Zuni Street		STREET 123 Address Street	
CITY, STATE ZIPCODE Denver CO 80211		CITY, STATE ZIPCODE Denver CO 80211	
HOME PHONE: 303-477-7601	WORK PHONE: 303-477-7602	HOME PHONE: 303-598-8965	WORK PHONE: 303-598-2666
FAX: 303-477-7603	CELL: 303-477-7604	FAX: 303-896-7784	CELL: 303-598-6963

OTHER HEALTH/MENTAL PROVIDERS			
NAME Dr. Alternate Doctor2	NAME Dr. Other Health Provider		
STREET 123 Address Street			
CITY, STATE ZIPCODE Denver CO 80211			
HOME PHONE: 303-569-7845	WORK PHONE: 303-696-5321	HOME PHONE: 303-859-7842	WORK PHONE: 303-654-5522
FAX: 303-562-4411	CELL: 303-896-7412	FAX: 303-552-4568	CELL: 303-896-1254

HEALTH INSURANCE			MEDICARE NUMBER	MEDICAID NUMBER	PRIMARY INSURANCE BC/BS	SECONDARY INSURANCE Aetna
PHARMACY Walgreen's Pharmacy	PHARMACY PHONE 303-488-7878	PHARMACY FAX 303-896-4456	POLICY NO. 123568974A	POLICY NO. 89733	POLICY NO. 123-55-89A	POLICY NO. 3550234AAG-B

AREA HOSPITAL/CLINIC OF CHOICE	NAME St Joes
ADDRESS (Street, City, Zip Code) 123 Hospital Way Denver, Colorado 80213	

FAMILY INFORMATION MARITAL STATUS <input checked="" type="radio"/> Married	ALLERGIES INFORMATION : Strawberries, Amoxicillin	NAME OF RESIDENT'S REPRESENTATIVE Yello Hat Man	RELATIONSHIP
		STREET 555 West Way	
		CITY STATE, ZIPCODE Denver CO 80445	
		HOME PHONE: 720-889-7542	WORK PHONE: 720-899-6555
		FAX:	CELL:
BURIAL INSTRUCTIONS Per family request			

ADMISSION/DISCHARGE INFORMATION	ADMISSION DATE 3/5/2004	ADMITTED FROM	County
ADDRESS ADMITTED FROM (Street, City, State, Zip Code)			
RESIDENT'S ADMISSION SPONSOR (If Any) >			
DISCHARGE DATE		DISCHARGED TO	
ADDRESS DISCHARGED TO (Street, City, State, Zip Code)			
REASON FOR DISCHARGE			