## Michigan Integrated Day & Health Services, LLC

3249 Hilton Rd. Ferndale, MI 48220 248.307.7431

admin@michigan integrated rehab.com

Fill out all requested information by printing or typing (except signatures).

Attach pages if needed for additional information.

Once complete, mail, fax, or scan and email application to the center.

After receiving the application, the center will call and set up an appointment for a visit and for the applicant to be evaluated.

## **Admission Application**

Applicant Name									
(Last)	(First)		(Middle)						
Address									
(Street/Apt.)	(City)	(State)	(Zip)						
Phone Social Sec	curity #	Religion							
Sex (circle) M F Age Date of Birth// Place of Birth (city/state)									
Marital Status (circle) Married Single Divorced Wi	idowed Name of spou	ISE (if living):							
With whom does applicant live?		Relationship_							
Alternate emergency contact		Phone							
Address	(City)	(54-4-)							
Applicant Health History	(City)	(State)	(Zip)						
List any major operations, chronic illnesses, and i									
Personal Physician	10.7.0	Phone							
Address									
(Street/Apt.)	(City)	(State)	(Zip)						
Preferred hospital			- AND						
Pharmacy		Phone							
Medicare/Insurance Information									
□ Part A Claim #									
☐ Part B Claim #									
☐ Other insurance coverage									

Walking, Stand	ing Explain				
Toileting	Explain				فر دواست
	Explain		The second secon		
Eating	Explain _				
Dietary Requireme					
	1112				
Regular diet					
Low sodium					
Diabetic					
Other	Explain _				
Current Medicatio	ns		Dosage	Times Given	
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			(circle)	plain (if yes)	
equested starting	date		_ Days: (circle) Mo	onday Tuesday Wednesday Thursday	F
ransported by	City	Family (circle)	Other		
ransportation assi	stance requi	ired			
vnat additional spe	eciai needs d	ioes the applicat	nt have? (i.e., need	for socialization, supervision, etc.)	
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ne and address of	person or	agency respons	sible for payme	ent of adult day services:	