



LYNN VALLEY
CARE CENTRE

Application for Private Pay Room/Suite

1. General Information

Date

Toured with

Resident Information

Name

Birthdate

Gender

Care Card

Phone

Address

Reason for Admission

Preferred Date for Admission

Preferred Location

Marital Status

Language

Education

Contact Information

Name

Relationship

Phone

E-mail

Address

Referred by



LYNN VALLEY
CARE CENTRE

2. Medical Information

Medical Contact

Physician

Phone

Medical Record

Med. History

Medications

Transfers

Behaviour

Cognition

Daily Assistance

Skin Conditions

Mobility Aides

Diet

Food Allergies

Other



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3. Accounting Information

Client's Name

Payer Information 1

Care Representative

Relationship to Client

Phone

E-mail

Address

Payer Information 2

Power of Attorney

Relationship to Client

Phone

E-mail

Address

Date

Signature



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4. Consent for Release of Information

I, , hereby give my consent for the release of medical information to Lynn Valley Care Centre, for

Name
Relationship

Date
Signature