

ORCHARD VIEW
2230 Rte 102 Hwy
Gagetown, NB
E5M 1J5

APPLICATION FOR ADMISSION TO NURSING CARE

Name : _____ Date of Birth: _____
Last First Initial D M Y

Address: _____
Postal Code: _____ Telephone Number: _____

What are your present living accommodations? (Please Check)
_____ With Relatives _____ Special Care Home
_____ With others, not relatives _____ Institution (Nursing Home)
_____ Hospital _____ Other (Please explain)

Please state reasons for applying at Orchard View : _____

Activities possible for Applicant:	YES	NO
Walking without assistance	_____	_____
Is able to manage stairs without assistance	_____	_____
Walking without supervision	_____	_____
_____ With Cane		
_____ With Walker		
_____ With Wheelchair		
Seeing well enough for personal safety	_____	_____
Hearing well enough for personal safety	_____	_____
Dressing self	_____	_____
_____ Requires little assistance to dress		
_____ Needs to be dressed		
_____ Requires continuous bed care		
Bathing Self	_____	_____
Shaving Self	_____	_____

Cause of Infirmary: _____

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Financially able to maintain self in Nursing Home YES NO

Next of Kin: (Name, address, phone)

1. _____

2. _____

Name, Address & Phone Number of Contact Person:

I declare the above information to be correct. I understand that this application does not constitute an agreement on the part of Orchard View to provide me with rental accommodations, and I further acknowledge that this application is the property of Orchard View.

I hereby authorize you or your agent to make inquiries you deem necessary to verify the above statements.

Please return this Preliminary Application to:

Orchard View
2230 Rte 102 Hwy
Gagetown, NB
E5M 1J6

Signature of Person Making Application: _____

Date: _____