

#### **HEALTH SERVICES**

 $\square$  Sequoias-San Francisco  $\square$  Sequoias-Portola Valley  $\square$  The Tamalpais

### PERSONAL INFORMATION SHEET

IMPORTANT: Please complete all pages of this form prior to move-in and return it to Administration. Name \_\_ Apartment # \_\_\_\_\_ MIDDLE FIRST 
 Birth Date \_\_\_\_\_\_
 Medicare # \_\_\_\_\_\_
 Social Security # \_\_\_\_\_\_
Do you have health insurance coverage in addition to Medicare?  $\square$  Yes  $\square$  No If yes: Company Policy # Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed **Primary Emergency Contact Alternate Emergency Contact** Name Relationship \_\_\_\_\_ Relationship Address State \_\_\_\_ Zip \_\_\_\_ State \_\_\_\_\_Zip \_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Next of Kin **Doctor** Relationship\_\_\_\_ Address Address City State Zip State \_\_\_\_\_Zip \_\_\_\_ Home Phone ( \_\_\_\_\_ )\_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Phone ( \_\_\_\_\_)\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

# Personal Information Sheet, continued

### **CONFIDENTIAL**

| Mortuary   | Religious Affiliation  |
|--|--|
| Name   | Denomination   |
| Address  | Affiliation  |
| City   | Address  |
| StateZip   | City   |
| Phone ( )  | StateZip   |
| Person to handle my financial affairs in my incapacity | Under what legal arrangements may this person assume responsibility? |
| Name   | □ Durable Power of Attorney  |
| Relationship   | <u> </u>   |
| Address  | ☐ Non-Durable Power of Attorney                                      |
| City   | Trust  |
| StateZip   | — ☐ Joint Checking Account   |
| Home Phone ( )   |  |
| Work Phone ( )   |  |
| Cell Phone ()  | Other:   |
| A copy of my will is on file with:                     | Do you have Durable Power of Attorney for                            |
| Name   | <b>Health Care?</b> □ Yes □ No If yes:                               |
| Relationship   | Name   |
| Address  |  |
| City   |  |
| StateZip   |  |
| Home Phone ( )   | StateZip   |
| Work Phone ( )   |  |
| Cell Phone ()  |  |
|  | Cell Phone ( )   |
| Sequoia Living Health Services 2019                    | Date of Durable Power  |
|  | Have you filed a copy with <b>Sequoia Living</b> ? ☐ Yes ☐ No        |

## Personal Information Sheet, continued

#### **CONFIDENTIAL**

| Other Contact              | Other Contact  |
|----------------------------|----------------|
| Name                       | Name           |
| Relationship               | Relationship   |
| Address                    | Address        |
| City                       | City           |
| StateZip                   | State Zip      |
| Home Phone ()              | Home Phone ( ) |
| Work Phone ( )             | Work Phone ( ) |
| Cell Phone ( )             | Cell Phone ( ) |
| Other Contact              | Other Contact  |
| Name                       | Name           |
| Relationship               | Relationship   |
| Address                    | Address        |
| City                       | City           |
| StateZip                   | State Zip      |
| Home Phone ()              | Home Phone ( ) |
| Work Phone ( )             | Work Phone ( ) |
| Cell Phone ( )             | Cell Phone ( ) |
| Other Legal Arrangement(s) |                |
|                            |                |
|                            |                |
|                            |                |
| -                          |                |