EXQUISICARE INC.
FINE SUPPORTIVE LIVING
HOMES FOR SENIORS

Dear Potential Resident

Thank-you for your interest in Exquisicare Inc. We are the premier, boutique provider of fine supportive living homes for seniors. In order to assess your suitability for residency in one of our homes, we ask potential residents to complete an Application for Residency.

This form is designed to help us begin to better understand you, your care needs and your preferences. We realize that many of the questions are of a personal nature. Your information will be regarded as privileged communication and will be treated with confidence, in accordance with all applicable legislation. Please ensure the information provided is complete and accurate so that we may make an informed decision about our ability to provide you with safe and quality care.

We look forward to reviewing your information and will be in contact with you to discuss our service philosophy and your application.

Kind regards,

ExquisiCare Inc.

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APPLICATION FOR RESIDENCY

I. GENERAL INFORMATION

Resident Name:_____ Birthdate: _____
Address:_____ City:_____
Province: _____ Postal Code:_____Telephone: _____
Gender : __Male __Female

Current or Former Occupation:_____
Marital Status: ___Married ___Single ___Widow/er
Preferred Language:_____ Other languages:_____

Provincial Health Insurance #: _____
Supplemental Health Insurance:
Provider:_____ Policy #: _____
Provider:_____ Policy #: _____

Emergency Contact Information:

Name: _____ Phone #: _____
Address: _____
Relationship:_____

II. CURRENT LIVING SITUATION

Please describe your current living situation:_____
_____
_____
_____

Do you currently require someone to live with you or do you get help in your home? If so, what type of help do you receive and how often?_____
_____
_____
_____

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III. MEDICAL INFORMATION

Family Doctor Name: _____ Phone #:_____

Do you regularly visit any specialist physicians? If so, please list them and the frequency of your appointments:_____
_____
_____

Please list any medical conditions that you have:_____
_____
_____
_____
_____
_____

Please list any surgeries you have had (including the year):_____
_____
_____
_____
_____

Please list all medications (including over the counter medications) that you take on a regular basis:
_____
_____
_____
_____
_____

Do you regularly receive your seasonal influenza vaccination? ___Yes ___No

Have you ever been told you have an Antibiotic Resistant Organism? ___Yes ___No

Do you require regular lab work? ___Yes ___No

Height:_____ Weight:_____

Do you have any allergies: ___YES ___NO
If yes, please list them:_____
_____
_____

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Are you on a special or restricted diet? ___YES ___NO
If yes, please explain your dietary requirements:_____
_____
_____

IV. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

Please check the appropriate box, to indicate the level of assistance you require:

TASK	"I can do this independently"	"I require some assistance"	"I require total assistance"	Comments
Dressing				
Oral Care				
Bathing				
Eating				
Toileting				
Grooming				
Walking				
Transferring				
Medications				

V. ADDITIONAL INFORMATION

Are there any specific interests or hobbies you enjoy?
_____
_____
_____

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Do you have a Personal Directive? ___Yes ___No

Is there anything else you would like us to know about your situation or your health care needs?

_____
_____
_____
_____

VI. FINANCIAL INFORMATION

Who will be responsible for the payment of bills? ___Self ___ Someone else

If someone else will be responsible for your bills, please provide their contact information:
Name:_____ Relationship: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone #: _____
e-mail: _____

I understand and agree that this application is neither a contract, nor a reservation for residence, but acknowledge and agree that the accuracy of the information contained herein is being relied on by Exquisicare Inc. to determine my suitability for residence in one of its facilities. Nothing contained in these documents is legally binding on me or the company to which I am applying for residency, until such time as a Residential Service Agreement has been approved and signed by all parties.

_____ _____
SIGNATURE OF APPLICANT (or Power of Attorney) DATE