

**WINDWARD SENIORS DAY CARE
APPLICATION FOR ADMISSIONS**

Hope Center 261-4947
77 N. Kainalu Drive
Kailua, HI 96734

Leedham Center 261-5027
1276 Kailua Road
Kailua, HI 96734

PRIMARY INFORMATION

NAME:

Last

First

Middle

Date of Birth:

Birthplace:

Marital Status: M W S D

Social Security Number:

Resp Party:

Rel:

Bus phone:

Home phone:

Address:

Street

city

state

zip

Other Emer:

Rel:

Bus Phone:

Home phone:

Other Emer:

Rel:

Bus Phone:

Home phone:

PRIMARY HEALTH

Physical Limitations

Mobility: ambulatory w/c walker cane

Vision : good glasses partially blind blind

Hearing: good hearing aid partially deaf deaf

Recent Illnesses:

Dietary Restrictions:

Daily Medications:

Primary Physician:

Name

phone #

Medicare #

Private Insurance #

PERSONAL INFORMATION

Education:

Occupation:

Religion:

Children:

Activities & Interests:

I hereby grant Windward Seniors Day Care permission to give necessary emergency treatment.

Sign:

Date: