

**JOHN GEORGE HOME, INC**

**1501 EAST GANSON STREET  
517.783.4134**

**JACKSON, MICHIGAN 49202  
517.783.0872 FAX**

FULL CODE X\_\_  
DNR \_\_

**RESIDENT INFORMATION**

**DATE OF ADMISSION:**

**NAME:**

**ROOM:**

**SS#:**

**VETERAN:**

YES

NO

**DOB:**

**BIRTH PLACE:**

**GENDER:**

**SMOKER:**

YES

NO

**MARITAL STATUS:**

**RACE:**

**ADMITTED FROM:**

**PRIOR ADDRESS:**

**AUTHORIZED REPRESENTATIVE:**

**PHONE:**

**NEXT OF KIN**

**1. NAME:**

**RELATIONSHIP:**

**ADDRESS:**

**PHONE:**

**PLACING AGENCY:**

**AGENT:**

**CASE WORKER:**

**PHONE:**

**ADDRESS:**

**MEDICARE #:**

**MEDICAID #:**

**OTHER INSURANCE:**

**RETIRED FROM:**

**PRIMARY PHYSICIAN:**

**PHONE: NA / FAX:**

**ADDRESS:**

**CHURCH AFFILIATION:**

**CLERGY:**

**FUNERAL HOME:**

**PHONE:**

**ADDRESS:**

**DISCHARGED TO: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**ADDRESS:**

**REASON FOR DISCHARGE: -**