MERIT HOUSE
4645 Lewis Avenue
Toledo, OH 43612
419-478-5131

RESIDENT INFORMATION

Date:		
Name:		
Address:		
City:	State:	Zip:
Phone:	Cell:	
Date of Birth:	Sex: M F	Marital Status: S M W D
Occupation:	Religion:	
Social Security #	Medicare #	
Supplemental Insurance Name:		
Address:		
City:	State:	Zip:
Phone:		
Group #	ID #	
Medicaid #		
☐ Assisted Living	☐ Skilled Care	

EMERGENCY CONTACT INFORMATION

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell:	

PHYSICIAN

Name:		
Address:		
City:	State:	Zip:
Phone:		

PHARMACY

Name:		
Address:		
City:	State:	Zip:
Phone:		

MEDICAL HISTORY

Diagnosis:
Medications:
Do you use? Cane Walker Wheelchair other:
What do you need assistance with?