



Adult Day Health Center  
909 Blanco Circle, Suite B  
Salinas, CA 93901

Tel: 831-998-8130 | Fax: 831-676-0189

## Intake Form

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_

Medical ID: \_\_\_\_\_ Issue Date: \_\_\_\_\_

SSN: \_\_\_\_\_

### **Please Check Box That Applies:**

( ) PTP Lives Alone      ( ) PTP Lives With Family

( ) PTP Lives In Board & Care: Name of Facility: \_\_\_\_\_

### **Contacts:**

Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_

IHSS: \_\_\_ Yes \_\_\_ No

### **Secondary Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

IHSS Caregiver: \_\_\_ Yes \_\_\_ No Primary Language: \_\_\_\_\_

### **Primary Physician Contact Information:**

Name of Clinic/Doctor Office: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **La Casa ADHC Office Only**

**Reviewed By:** \_\_\_\_\_ ( ) Complete ( ) Incomplete

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_