

# COUNTRY GARDENS

Highway #11 South  
Mennonite Nursing Home Road  
P.O. Box 370  
Rosthern, SK S0K 3R0  
Ph: (306) 232-4861  
Fax: (306) 232-5611  
E-mail: [joan.lemauviel@saskatoonhealthregion.ca](mailto:joan.lemauviel@saskatoonhealthregion.ca)

Suite you wish to be considered for: _____ Small Suite (850 sq ft) _____ Large Suite (1050 sq ft) _____ Both
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## PRELIMINARY APPLICATION

Name in Full \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Place of current residence \_\_\_\_\_  Male  Female

If length of stay less than one year, give particulars:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Address \_\_\_\_\_

Name of your Doctor \_\_\_\_\_ Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_ SK Health Services Number \_\_\_\_\_

Are you now in hospital or special-care home?  Yes  No If yes, give name, address, and date of admission \_\_\_\_\_

Name of responsible person who will act on your behalf in the event of an emergency:

\_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

List all of your next of kin, addresses, and phone numbers:

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List all past major illnesses and surgeries:

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Who, if anyone, has Power of Attorney?

\_\_\_\_\_ Phone \_\_\_\_\_

Place an "X" in the box at the left if you are in agreement to the following: I hereby declare that I have completed this application form to the best of my knowledge. If accepted I will abide by the rules and regulations as set by the Board of Directors or Management. I also recognize that the Board of Directors will not be responsible in any way for any debts which I may incur.

Dated \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day