



PINEVIEW MANOR

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: mark.hildebrandt@saskhealthauthority.ca

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:

List all past major illnesses and surgeries:

Who, if anyone, has Power of Attorney?

_____ Phone _____

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 _____

Signature of Witness

Signature of Applicant