

Hobbies/Interests _____

HEALTH INFORMATION

Current Medical Conditions _____

Nature and Dates of Surgeries _____

Have you ever had: Heart Trouble? _____ Cancer? _____ Diabetes? _____ Tuberculosis? _____

High Blood Pressure? _____ Mental Illness? _____ Nervous Condition? _____

Who is your primary physician? _____ Phone Number _____

Do you have any drug allergies? _____ If yes, what? _____

FINANCIAL INFORMATION

Do you have:

A pension? _____ Amount per month _____

Social Security? _____ Amount per month _____

Savings Account? _____ Amount _____ Interest per month _____

Certificates of Deposit? _____ Amount _____ Interest per month _____

Real Estate Income? _____ From what? _____ Monthly Income _____

Other Income? _____ Specify _____ Monthly Income _____

Do you own a home? _____ Do you plan to sell? _____ Value _____

(Note: We do not require residents to surrender their property to the Retirement Center)

Do you have:

A will? _____ Who is executor? _____

A Power of Attorney? _____ If so, who? _____

A Living Will? _____ A Health Care Surrogate? _____ If so, who? _____

If you should become unable to make decisions, who would you like us to use as a contact for financial and medical decisions? _____

Signature of Applicant _____ Date _____

(Note: Florida Baptist Retirement Center does not offer life care contracts.)