VALLEY VIEW
MANOR

BEGIN DATE:_____ BIRTHDAY:_____

200 EAST 9TH AVENUE, LAMBERTON, MN 56152

TELEPHONE REASSURANCE REGISTRATION FORM

CLIENT INFORMATION:

NAME _____ TELEPHONE #_____

ADDRESS_____

DOCTOR_____TELEPHONE#_____

NEIGHBOR'S NAME_____TELEPHONE #_____

NEIGHBOR'S NAME_____TELEPHONE #_____

RELATIVE/EMERGENCY CONTACT:

NAME_____TELEPHONE #_____

RELATIONSHIP_____

NAME_____ TELEPHONE # _____

RELATIONSHIP_____

NAME_____TELEPHONE #_____

RELATIONSHIP_____

ADDITIONAL INFORMATION:

_____

_____

MEDICATIONS: _____

DOES HE/SHE DRIVE: YES OR NO

TIME CALLED: _____ (Please circle) WE CALL HE/SHE CALLS US

HOUSE KEY GIVEN: YES OR NO (KEYS ARE USED IN EMERGENCY ONLY BY LAW ENFORCEMENT)

CHURCH ATTENDED: _____ DAY/TIME: _____

SPECIFIC DAYS NOT WANTING A CALL: _____