

Medical & Insurance Information: First Person

Please provide us with some additional information about your medical care and recent history.

Do you have Medicare Part A or equivalent insurance? Yes No

Do you have Medicare Part B or equivalent insurance? Yes No

Primary Physician:

Specialty Physician*:

Name

Name

Street Address

Street Address

City / State / ZIP Code

City / State / ZIP Code

Phone Number

Phone Number

*If you have more than one specialty physician, please attach a separate list of physicians you see regularly.

Please list any medications that you use regularly.

Please list any recent hospitalizations, including the dates and reason.

Please list any serious illnesses you've had within the past five years.

Personal Information: Second Person

Name (Last / First / Middle)

Telephone Number

Email Address

Address (Street / City / State / ZIP Code)

Duration at Present Address

Present Living Arrangement (Rent, Own, etc.)

Birthplace

Birthdate (MM / DD / YYYY)

Marital Status

Family Information: Second Person

Below, please list close relatives or friends. Next to each individual, check the box on the right if you consent to allow Goodwin House to share information about your application with them.

Name & Relationship	Address	Telephone Number	Consent
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Medical & Insurance Information: Second Person

Please provide us with some additional information about your medical care and recent history.

Do you have Medicare Part A or equivalent insurance? Yes No

Do you have Medicare Part B or equivalent insurance? Yes No

Primary Physician:

Specialty Physician*:

Name

Name

Street Address

Street Address

City / State / ZIP Code

City / State / ZIP Code

Phone Number

Phone Number

*If you have more than one specialty physician, please attach a separate list of physicians you see regularly.

Please list any medications that you use regularly.

Please list any recent hospitalizations, including the dates and reason.

Please list any serious illnesses you've had within the past five years.

Emergency Contacts

Whom should we notify in case of an emergency?

Name of First Emergency Contact _____

Street Address _____

City _____ State _____ Country _____ ZIP Code _____

Phone Number _____

Name of Second Emergency Contact _____

Street Address _____

City _____ State _____ Country _____ ZIP Code _____

Phone Number _____

More Details

If you are applying to move to Goodwin House, what is your desired timeframe? _____

Are you aware that Goodwin House is a smoke restricted community? Yes No

Do you smoke cigarettes, pipes or cigars currently? Yes No

If you are applying for residency at Goodwin House, what are your apartment preferences? (If you do not have specific apartment names, please specify apartment size. i.e. one bedroom, one bedroom den, etc.)

As members of the Priority Club and/or Goodwin House at Home, you will receive name badges. How would you like your name to appear on your badge?

First Person

Second Person

Please mail completed application to preferred location:

Goodwin House Alexandria

4800 Fillmore Avenue
Alexandria, VA 22311
703-824-1233

Goodwin House Bailey's Crossroads

3440 S. Jefferson Street
Falls Church, VA 22041
703-578-7125

Goodwin House at Home

4800 Fillmore Avenue
Alexandria, VA 22311
703-575-5202

Visit us at www.goodwinhouse.org

