227 N. Winter St.
Adrian, MI 49221
Phone: 517.266.0250
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www.lendevcorp.com

Medical Disclosure and Emergency Contact Form

Resident Name ____

Emergency Contact

Name: __________________________________

Relationship: _____________________________

Address: ________________________________

Phone: __________________________________

Physical Health

Please list any chronic medical health problems:

____

____

Please list any medications you are taking:

____

____

Physician name: __________________________

Address: ________________________________

Phone: __________________________________

Are you pregnant? ________________________

OB/GYN name: ___________________________

Phone: __________________________________

Mental Health / Emotional Stability

Have you ever been diagnosed with a mental illness? __________________________________

Are you taking any prescription medication for a mental illness? (Depression / anxiety, ext.): ____

Are you currently being treated by a therapist or psychiatrist? ___________________________

Name: __________________________________

Phone: __________________________________

Dated: ______________________

____
Resident