

The Palisades

514 23rd St. E. Saskatoon, SK. S7K 0J8
Ph: (306) 664-6163 frontoffice@thepalisades.ca

Application for Intermediate Care Home: **Date:** _____

Shared Bathroom Private Bathroom

Specific Preferences: _____

Name: _____ **Date of Birth:** _____

Marital Status: Single Widowed Married

Describe any significant physical health issues:

Describe any mental health, memory or cognitive concerns:

Check applicable boxes:

Cane Walker Wheelchair Hearing Aid(s) Behavioural Issues Night Wandering
 Day Wandering Diabetes Insulin Injections Urinary Incontinence Bowel Incontinence

Does applicant have a: Power of Attorney Yes No Health Care Directive Yes No

Contact/Support Person: _____ **Relationship:** _____

Phone: (H) _____ (Cell) _____ (W) _____

Address: _____ Postal Code: _____

Email: _____

Where did you hear about The Palisades? _____

Contact/Support Person Signature: _____

Please forward Application with \$100 Deposit to:

The Palisades
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