

# Lake Country Cottage

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Occasionally, cottage members & staff will reach out to members for special events or if they haven't seen you in a while. I would like to be contacted in the following ways (please initial):

By staff: Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

By member: Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

## MEDICAL INFORMATION:

Mental Health Diagnosis \_\_\_\_\_

Medical History (high blood pressure, diabetes, asthma, etc.) \_\_\_\_\_

Allergies and Dietary Restrictions \_\_\_\_\_

Medical Alerts (circle all that apply)    Chronic Physical Illness    Severe Allergic Reactions

Deaf/Hearing Impairment    Asthma    New Psychiatric Medication    Blind/Visual Impairment

Recent Surgery    Diabetes    Epilepsy/Seizure Disorder    Hypertension

Other \_\_\_\_\_

Please list any medications you are taking and their purpose (in case of emergency)

\_\_\_\_\_  
\_\_\_\_\_

When you are experiencing mental health symptoms, what helps?

\_\_\_\_\_  
\_\_\_\_\_

What does NOT help?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





515 Bridge Street East  
Park Rapids, MN 56470  
218 366-9229 phone  
218 237-2520 fax

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_