

# Geriatric Care Program Enrollment Form

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

To Whom It May Concern,

I am writing to request enrollment in the Geriatric Care Program for the following individual:

## Patient Information

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Medical History

Please provide a brief summary of the patient's medical history:

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

## Consent

I, \_\_\_\_\_, hereby consent to the enrollment of the patient named above into the Geriatric Care Program.

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

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

Thank you for your attention to this matter. Please feel free to contact me at the phone number listed above for any questions.

Sincerely,

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[Your Name]

[Your Position]