

ShareCare™ of Leelanau, Inc.
 7401 E Duck Lake Rd. #600
 Lake Leelanau, MI 49653-8701
 231-256-0221



Office Use

Enrollment Date _____

ID# _____ Region _____

Name _____ Home Phone (____) _____

Mailing Address _____ Cell Phone (____) _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Winter Mailing Address _____

Winter City _____ State _____ Zip _____

Winter Phone (____) _____ Gone from _____ to _____

Birth date ____/____/____ Nickname _____

Partner's Name _____ Church _____

Primary Physician _____ Phone (____) _____

Other Physician _____ Phone (____) _____

Are you a Chronic Care Management Client? _____

Do you live alone? _____ Do you have a generator _____

Do you have family in the area? _____

Family member _____ Phone (____) _____

Nearest Neighbor _____ Phone (____) _____

Would you like the Health Service Coordinator (RN) to contact you? Not at this time ____ Yes ____

	Contact #1	Contact #2
Name		
Relation		
Phone		
Cell		
Email		
Address		
City, St Zip		

Chronic Conditions: _____

Allergies : _____

ShareCare requests that everyone involved with the organization respects all aspects of confidentiality whether they are personal, medical, or financial.

Note: To support you with volunteer services, ShareCare provides publicly available contact information (name, address, phone, email) with others in your community who are involved with ShareCare. ShareCare periodically uses photographs of events on our website or in publications. If you do not want us to use your photograph, please let the office know.