

THE ALVERNO NURSING FACILITY ADMISSION FORM

Office Use Only:

Computer # _____ Room# _____ Admit Date _____ Admit Time _____

Last Name _____ First Name _____ M.I. _____

Medicare #: _____ Social Security #: _____

Resident Current Address/City/State/Zip _____

Resident Current Phone _____ Transfer phone to the Alverno? Yes No

Birth Date: _____ Level of Care: _____ Resident Admitted From: _____

PHYSICIANS:

Primary Physician (Admitting) _____

Address _____ Phone _____

Specialist (heart doctor/psychiatrist, etc.) _____

Podiatrist _____ Routine? Yes No If Problem? Yes No

Dentist _____ Ophthalmologist _____

Reason for Admission _____**Discharge Plan** _____**DEMOGRAPHICS**Sex: M F Race _____ Citizen: Yes No If No: _____ Married Single Widowed Divorced SeparatedVeteran: Yes No Spouse of Veteran: Yes No Branch: _____

Dates of Service: _____ SN# _____ Discharge Status _____

RESIDENT PAYMENT PLAN: **Private** **Title XIX(Medicaid)**
If Title XIX: Title XIX# _____ **Effective Date** _____**SUPPLEMENTAL INSURANCE: (Please bring all cards; we need a copy)**

1st Supplemental Health Insurance _____

Policy #: _____ Group#: _____

Address/City/State/Zip _____

Long Term Health Care Insurance _____

NEXT OF KIN:

1st Contact: Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Relationship: _____ Legal Relationship: _____
Home Phone _____ Bus. Phone _____ Cell Phone: _____

2nd Contact: Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Relationship: _____ Legal Relationship: _____
Home Phone _____ Bus. Phone _____ Cell Phone: _____

3rd Contact: Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Relationship: _____ Legal Relationship: _____
Home Phone _____ Bus. Phone _____ Cell Phone: _____

RESPONSIBLE PARTY/BILLING PREFERENCES:

After admission will resident receive personal mail? Yes No
If No, mail is sent to: Name _____ Phone _____
Address/City/State/Zip _____

After admission will resident receive business mail? Yes No Receive Bill? Yes No
If No, mail is sent to: Name _____ Phone _____
Address/City/State/Zip _____

RELIGION INFORMATION:

Religion _____
Church _____ Pastor _____
Address _____ Phone _____

FUNERAL INFORMATION:

Funeral Home _____ Phone _____
Address _____

SOCIAL HISTORY – GENERAL:

Education _____ Occupation _____ Year Retired _____
Spouse _____ Date Married _____ Date Deceased _____
Children (names & ages) _____

DAILY ROUTINE

What time do you go to bed? _____ What time do you get up? _____

Do you take naps regularly during the day? YES NO

Do you go out one or more days a week? YES NO

Do you stay busy with hobbies, reading or fixed daily routine? YES NO

Please list _____

Do you spend most of the time alone? Yes No Do you move independently indoors? Yes No

Do you use tobacco products? Yes No

EATING PATTERNS

Do you have distinct food preferences? YES NO

Please list _____

Do you eat between meals? YES NO

What do you eat for snacks between meals? _____

Do you use alcoholic beverages at least weekly? YES NO

ADL PATTERNS

Do you stay in bedclothes much of the day? YES NO

Do you wake up at night to go to the bathroom most nights? YES NO

Do you have irregular bowel movements? YES NO

Do you prefer a shower or a bath? _____ In the AM or PM? _____

INVOLVEMENT PATTERN

Do you have daily contact with relatives or close friends? YES NO

Do you usually attend church? YES NO

Do you find strength in faith? YES NO

Do you have a pet? YES NO

Are you involved in group activities? YES NO

What kind of activities? _____

FINANCIAL STATEMENT

RESOURCES:

	Amount	Location
Checking Account		
Savings Account		
Stocks or Bonds		
Time Certificates		
Trust Fund		

INCOME:

	Amount	How Often Received
Social Security		
SSI (Gold Check)		
Veteran Benefits		
IPERS or Civil Service		
Railroad Retirement		
Other Pension		
Money From Interest		
Other		

PERSONAL PROPERTY:

Do you own a house? Yes _____ No _____ Assessed Value/Homestead _____

Do you own real estate other than house? Yes _____ No _____

Describe: (Building, lot or acreage and location) _____

Market value of property _____ Is there a mortgage against property? _____ Amount _____

Do you have any outstanding debt? Yes _____ No _____ If yes, Amount _____

Do you have a pre-paid Burial Trust and/or Burial Lot? _____

Have you transferred, sold or given away any property (land, cash, car, home, etc.) in the last 5 years? _____

Description of property: _____

Who did you sell or give property to? _____

Signature

Date