St. Anne's Guest Home Application

PERSONAL INFORMATION

Resident: _____ Admission Date: _____
(Last, First, Middle) Gender: ☐ Male ☐ Female

Age _____ Date of Birth: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birthplace: _____

Pre-admission Address:

_____ _____ _____ _____
Street City State Zip Code

Social Security No: _____ Medicare No: _____

Medicaid No: _____ Medicare Part D No: _____

Insurance: _____ No: _____

Person Responsible for Account: _____

Address:

_____

Spouse: _____ Telephone: _____

Address: _____

Church Affiliation: _____ Pastor: _____

MEDICAL INFORMATION

Physician: _____ Telephone: _____
Address: _____ Clinic: _____

Pharmacy: _____ Telephone: _____

Dentist: _____ Telephone: _____
Address: _____ Clinic: _____

Optometrist: _____ Telephone: _____
Address: _____ Clinic: _____

ADDITIONAL PERSONAL INFORMATION

Guardian/Power of Attorney: _____ Telephone: _____

Notify in Emergency: _____ Telephone: _____

Next of Kin:

	Name	Relationship	Address	Telephone
1				
2				
3				
4				

Mortuary: _____ Telephone: _____
Address: _____

Education:

Occupation:

Hobbies and special interests

Discharge Date: _____ Discharged to: _____

MEDICAL HISTORY AND PHYSICAL FINDINGS

Name: _____ Date of Birth: _____

Mental Status: _____

Allergies: _____

Surgical History: _____

Vaccination History: _____

Permanent Disabilities: _____

Physical Findings:

B/P: _____ Temp: _____ Pulse: _____ Resp: _____ Weight: _____

HGB: _____ Urinalysis Sp. GR.: _____ Reaction: _____ Sugar: _____

Head: _____

Neck: _____

Lungs: _____

Heart: _____

Abdominal: _____

Genito-urinary: _____

Skin: _____

Extremities: _____

Glandular: _____

Pelvis and Rectum: _____

Does the patient have communicable disease? ☐ Yes ☐ No

Admission Diagnosis: _____

Admitting Orders: Medications/Treatment Diet: _____

_____

_____

_____

An order for 2-step Manitou to be given ☐ Yes ☐ No

Code Level: _____

Rehab. Potential: _____

Level of Care: ☐ Skilled Nursing ☐ Basic Care

Date: _____

Physicians Signature: _____

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FINANCIAL INFORMATION

Current Assets:

1. Checking Account: _____
2. Savings/CDs: _____
3. Pension Account: _____
4. Trust Account: _____
5. Other: _____

Do you own Real Estate? ☐ Yes ☐ No
If yes, what do you own?: _____

Rental Income: _____

Sources of income:

1. Social Security: ☐ Yes ☐ No Amount: _____
2. SSI: ☐ Yes ☐ No Amount: _____
3. Veteran's: ☐ Yes ☐ No Amount: _____
4. Pension: ☐ Yes ☐ No Amount: _____
5. Income from Savings: ☐ Yes ☐ No
   Amount: _____

Do you have a Burial Account? ☐ Yes ☐ No Amount: _____

Bank: _____

Do you receive any County Assistance (Medicaid)? ☐ Yes ☐ No

Do you have a Power of Attorney for Finances? ☐ Yes ☐ No

If yes: Name:_____

Address: _____

Telephone/Cell Number:_____

Have you given away any assets in the last two years? ☐ Yes ☐ No

If yes, what did you give away and of what value? _____