PRE ADMIT FORM

Luther Manor ***3131 Hillcrest Road***
Dubuque, IA 52001-3999 ***Fax: (563)588-2770*** ***Phone: (563)588-1413***

AS SOON AS THIS INFORMATION IS FILLED OUT AND RETURNED
THE REQUEST TO BE PUT ON THE WAITING LIST WILL GO INTO EFFECT

Fill this out according to how the person is today

1) Name: _____
2) Address_____ City_____ State___ Zip _____
3) Telephone # _____ Cell phone # _____
4) Social Security # _____ Medicare # _____
Supplemental Insurance _____
_____
Title 19 # _____ Veteran's Benefits Received _____

A copy of the front and back of these cards is required!
We would be glad to make those copies for you

5) How long at this address? _____
Present living arrangements if other than at home: _____
Reason you are seeking placement at this time: _____
_____

PERSONAL HISTORY

6) Birth date _____ Birthplace _____ Marital Status _____
7) Education_____
8) Occupations _____
9) Spouse's Name (living or deceased) _____
Date of Marriage _____ Date when deceased _____
10) Mother's Name _____ Father's Name _____
Date deceased _____ Date deceased _____
Occupation_____ Occupation _____
11) Religion _____ Church _____
Address _____
Clergy _____ Phone _____
12) Did you or your spouse serve in a branch of the military? _____
Branch_____ Dates of Service_____
War _____ Discharge Status _____

MEDICAL

12) Physician _____ Phone _____
Dentist _____ Phone _____
Optometrist _____ Phone _____
Podiatrist _____ Phone _____
13) Pharmacy: Reugnitz _____ Hartig _____ Other: _____

14) Hospital _____ Emergency Contact Person _____

DOCUMENTATION

15) a. Is there a Living Will? Yes _____ No _____
b. Is there a Durable Power of Attorney for Health Care? (for Medical Decisions)
Yes _____ No _____ Name _____
c. Is there a Power of Attorney? (for financial decisions)
Yes _____ No _____ Name _____

If yes to any of these, copies of these documents must be provided

d. To make it easier for the family in crisis, we need to know:
Funeral Home _____
Address _____ Phone _____
Is there an Irrevocable Burial Trust set up? Yes _____ No _____

HEALTH INFORMATION

16) **LIST ALL HOSPITAL STAYS IN THE LAST SIXTY DAYS**
Date admitted _____ Date Discharged_____
Dates on Acute Care _____
Dates on Skilled Care, if any _____
Date admitted _____ Date Discharged_____
Dates on Acute Care _____
Dates on Skilled Care, if any _____

17) *To allow nurses to double check, bring your medicine bottles with you on admission day!*

Medication	Dosage	Frequency	Reason for the Meds (i.e. High blood pressure)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: ***Over the counter medications must have a doctor's order and come from the pharmacy properly labeled! Do not just bring them. Talk to the nurse about getting them for the resident!***

18) History of Major Operations/Diagnosis
_____
_____
_____
_____

19) SPECIAL CARES (Circle One)

Hearing difficulties: **Y N** Hearing aid(s): Left Ear: **Y N** Right Ear: **Y N**
Seeing difficulties: **Y N** Eyeglasses: **Y N**
Special Diet: **Y N** If yes, what are the diet restrictions?
_____
Able to feed self: **Y N** If no, what kind of assistance is needed?
_____
Special Dinnerware: **Y N** If yes, explain _____
Special Treatments for any of the following: (please check all that apply)
_____Swelling _____Bed Sores _____Catheter Cares
_____Incontinence _____Wandering _____Insomnia
Need Assistance With Daily Tasks: (please check all that apply)
_____ Bathing help/Shower _____Dressing _____ Teeth
_____ Other _____
Use any of the following: (please check all that apply)
_____ Oxygen _____Walker _____ Wheel Chair
_____ Lift Chair _____ Raised toilet Seat
Mentally Alert: (please check the closest description to the resident's mental state)
_____Slightly Forgetful _____Confused _____ Very Confused

FINANCIAL INFORMATION

20) In order for us to plan for the future it is important that we have some idea of what to expect.
A lack of response may delay consideration.
Room rates range from $166.00 to $181.00 per day ($181.00 in the Alzheimer's Unit).
Our median cost is about $173.00 per day. How long would the resident's finances be able to keep up such an effort?
___ One Year ___Two Years ___ Three years ___ More
___ Presently, or soon to be on Title 19

21) Nursing Home Insurance Company? _____Yes _____ No
If yes, name: _____ Policy # _____

22) Responsible Party for billing _____ Relationship _____

CONTACT PERSONS

23) *Please provide the following information on family members. Include siblings, sons and daughters, and other involved family members: If additional space is required, put them on a separate sheet.*

Name _____ Spouse_____
Phone (home)_____ (work)_____ Cell Phone _____
Address _____ City _____ State ___ Zip _____
Relationship _____

Name _____ Spouse_____
Phone (home)_____ (work)_____ Cell Phone _____
Address _____ City _____ State ___ Zip _____
Relationship _____

Name _____ Spouse_____
Phone (home)_____ (work)_____
Address _____ City _____ State ___ Zip _____
Relationship _____

THINGS TO CONSIDER BEFORE ADMISSION

24) **NO ADMITTANCE** can be made without the following:

1) **Doctor's Order:** To reside in a care facility, it is a requirement that all residents have a doctor's order that would dictate the plan of care, medications and possible therapies or level of care needed. Due to this reason, all residents require a local primary care doctor prior to admission. A physical and history form will be sent by us to the doctor just a few days before admittance. If you/your loved one have not seen a doctor in some time, an appointment may need to be scheduled in order for the doctor to write accurate orders and assessment.

2) **TB Skin Test:** If the you/your loved one have not had a recent TB skin test, **this must** be completed before being admitted. Because this test requires a minimum of 48 hours to be read, this must be planned ahead for and completed. If ever the you/your loved one have had a positive reading, a chest x-ray needs to be completed to check the status of the disease. We understand this can be a difficult task; however, this is included in the State of Iowa Standards.

25) Be prepared. There is a no smoking policy for residents at Luther Manor.

If you have any further questions or concerns about this application, the above mentioned items, or any other Luther Manor Policies or Procedures, please call the number at the top of the application and speak with Luther Manor staff at any time.

This information has been prepared by:

_____ Date _____

TO REMAIN ACTIVELY ON THE WAITING LIST

Return this information to Luther Manor filled out and you will be immediately put on the waiting list. Keep in mind, however, that in order to remain on the list, we need to be made aware of your circumstances every month. Please keep us informed as to your current situation and needs. We do our very best to meet the needs of those applying and to do so must be made aware if you are continuing to be interested in placement, are no longer interested or have come into a crisis and need immediate placement. Please call to provide us with this update.

We do suggest that you keep a copy of this application for your records. We are happy to copy this for you, please let us know if you would be interested in this.

*If we do not hear an update from you within **2 YEARS** of your application date, your application will be removed from the file and shredded in a confidential manner.*

If you have not yet provided us with copies of you cards from Medicare, Social Security and Supplemental Insurance, we must have them PRIOR to admission. Copies of both sides of the cards are needed. We must do this because to carry out the requirements of evaluation and billing, that must be completed due to our status as a Nursing Home. These need to be on hand in case the resident later qualifies for this Medicare assistance.