

**APPLICATION FOR ADMISSION**

Swing    Skilled Care    Intermediate Care

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Spouse Status: \_\_\_\_\_ Power of Attorney: \_\_\_\_\_

Responsible party for mailings, bills, etc. \_\_\_\_\_

Notified prior to admission: \_\_\_\_\_

Medicaid notified:  Yes  No      Alternatives notified:  Yes  No

Living Will:  Yes  No    If yes, is it on file at Hammond-Henry Hospital?  Yes  No

If no, where is it on file? \_\_\_\_\_

Background check completed?  Yes  No      Code status: \_\_\_\_\_

**Complete if Swing / Skilled Care admission**

Medicare #: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Other Ins. Co. and #: \_\_\_\_\_ Other Assets:  Yes  No  Limited

Admitting date of hospital: \_\_\_\_\_ 3-day acute care stay  Yes  No

Prior skilled care stay:  Yes  No    Future surgery/consult: \_\_\_\_\_

Medicare days used \_\_\_\_\_ Review of Medicare / Skilled care: \_\_\_\_\_

Date Medicare coverage to begin: \_\_\_\_\_

Current Admitting Physician: \_\_\_\_\_ Primary Care Physician notified?  Yes  No

Physician Order for Admission?  Yes  No

Physician notified: date: \_\_\_\_\_ time: \_\_\_\_\_ spoke with: \_\_\_\_\_

Diagnosis: (include medical hx) \_\_\_\_\_

Allergies: \_\_\_\_\_

Foley Catheter:  Yes  No

Reoccurring urinary tract infection (UTI)?  Yes  No

Frequent Falls?  Yes  No    If yes, number of falls \_\_\_\_\_ .

Dementia?  Yes  No

Present Illness: \_\_\_\_\_

Decubitis Ulcer:  Yes  No



Diet: \_\_\_\_\_ Supplements: \_\_\_\_\_

Oxygen: \_\_\_\_\_ Respiratory Therapy: \_\_\_\_\_

Wounds: \_\_\_\_\_ Wound Care: \_\_\_\_\_

Monitoring: \_\_\_\_\_

Home Environment: \_\_\_\_\_

Present Supports: \_\_\_\_\_

Mental Status: \_\_\_\_\_

If from outside facility, obtain the following records:

- H & P
- Therapy Evaluation & Progress Notes
- Documentation of Acute Stay, if applicable.

***IN CASE OF EMERGENCY NOTIFY:***

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

***ADDITIONAL INFORMATION:***

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\_\_\_\_\_  
Interviewed by: \_\_\_\_\_ Date

\_\_\_\_\_  
Accepted by \_\_\_\_\_ Date

\_\_\_\_\_  
Denied admission by \_\_\_\_\_ Date

