



LUTHERMANOR
COMMUNITIES

www.luthermanor.com

3131 Hillcrest Road, Dubuque, Iowa 52001
5300 Grand Meadow Drive Asbury, Iowa 52002

Main: (563) 588-1413
Main: (563) 690-7150

Fax: (563) 588-3875
Fax: (563) 690-9348

Intermediate Care Application

- 1) Name: _____
2) Address _____ City _____ State ___ Zip _____
3) Telephone # _____ Cell phone # _____
4) Social Security # _____ Medicare # _____
Supplemental Insurance _____
Title 19 # _____ Veteran's Benefit Received _____
5) How long at this address? _____
Present living arrangements if other than at home: _____
Reason for seeking placement at this time: _____

PERSONAL HISTORY

- 6) Birth date _____ Birthplace _____
7) Marital Status _____ Spouse's Name _____
If deceased, date of death _____ Date of Marriage _____
Spouse's Occupation _____
8) Primary Language _____
9) Education _____
10) Occupations _____
11) Mother's Name _____ Father's Name _____
Birth Place _____ Birth Place _____
12) Religion _____ Church _____
Address _____
Clergy _____ Phone _____
13) Did you or your spouse serve in a branch of the military? _____
Branch _____ Dates of Service _____
War _____ Discharge Status _____

MEDICAL

- 14) Physician _____ Phone _____
 Dentist _____ Phone _____
 Optometrist _____ Phone _____
 Podiatrist _____ Phone _____
- 15) Pharmacy preference:
 Mercy _____ Hartig _____ Other: _____
- 16) Hospital _____
 Emergency Transport Agency: Paramount _____ Dubuque County EMS _____

DOCUMENTATION

- 17) Have you established the following:
- a. A Living Will? Yes _____ No _____
 - b. A Durable Power of Attorney for Health Care? (for Medical Decisions)
 Yes _____ No _____ Name _____
 - c. A Power of Attorney? (for financial decisions)
 Yes _____ No _____ Name _____
 - d. To make it easier for the family in crisis, we need to know:
 Funeral Home _____
 Address _____ Phone _____
 Irrevocable Burial Trust Yes _____ No _____

HEALTH INFORMATION

- 18) List all Hospital stays in the Last Sixty Days:
- Date Admitted _____ Date Discharged _____
 Dates of Acute Care _____
 Dates of Skilled Care, if any _____
- Date Admitted _____ Date Discharged _____
 Dates of Acute Care _____
 Dates of Skilled Care, if any _____

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

All medications require an order from a physician. No other medications, including over the counter items, are not allowed in accordance with the State of Iowa Administrative Code.

20) All Diagnosis:

21) Special Cares: (Please Circle One)

Hearing Difficulties: **Yes No** Hearing Aid(s)- Left Ear: **Yes No** Right Ear: **Yes No**

Seeing Difficulties: **Yes No** Eyeglasses: **Yes No**

Special Diet: **Yes No** If yes, what are the Diet Restrictions? _____

Able to Feed Self: **Yes No** If no, what kind of Assistance is needed? _____

Special Dinnerware: **Yes No** If yes, explain: _____

Special Treatments Needed for any of the Following: (Please check all that apply)

Swelling _____ Bed Sores _____ Catheter Cares _____

Incontinence _____ Wandering _____ Insomnia _____

Need for Assistance with Daily Tasks: (Please check all that apply)

Bathing/Shower _____ Dressing _____ Teeth _____

Other _____

Use of Any of the Following:

Oxygen _____ Walker _____ Wheelchair _____

Lift Chair _____ Raised Toilet Seat _____

Mentally Alert:

Slightly Forgetful _____ Confused _____ Very Confused _____

FINANCIAL INFORMATION

22) To help us plan for our residents' future at Luther Manor, it is important we request financial information to avoid a disruption in service.

Based on the average daily rates at each campus:

Hillcrest - \$242 per day, or monthly cost of \$7,260

Grand Meadows - \$261 per day, or a monthly cost of \$7,830

How long would the resident's finances support a Private Pay status?

Four Years or Longer _____ Three Years _____ Two Years _____ One Year _____

Less than One Year _____ Presently on Title 19 _____

23) Long Term Care Insurance Company? Yes _____ No _____

If yes, name: _____

Policy # _____

24) Responsible Party for billing _____

Relationship _____

CONTACT PERSONS

25) Please provide the following information on family members. Include siblings, sons and daughters, and other involved family members:

Name _____ Spouse _____
Phone (Home) _____ (Work) _____ (Cell Phone) _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

Name _____ Spouse _____
Phone (Home) _____ (Work) _____ (Cell Phone) _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

Name _____ Spouse _____
Phone (Home) _____ (Work) _____ (Cell Phone) _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

THINGS TO CONSIDER BEFORE ADMISSION

26) Required Upon Admission:

Doctor's Order: It is a State requirement that all residents have a doctor's order that prescribes the care plan, medications, and all possible therapies or level of care needed to reside in a care facility. Therefore, all residents must have a local primary care physician prior to admission. A physical and history form will be provided by us to your doctor prior to admission. If the applicant has not seen a doctor recently, an appointment may need to be scheduled for an accurate assessment.

TB Skin Test: A current TB skin test is a requirement by the State of Iowa before admission. This test requires a minimum of 48 hours for the results, so planning ahead is important. If the test results are positive, then a chest X-ray is required as a follow up measure.

27) Luther Manor is a Smoke Free campus which applies to all staff, residents and visitors.

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 us at (563) 588-1413 to speak with a Social Services staff member at any time.

This information has been prepared by: _____ Date _____

To Remain Active on the Waiting List:

Please return this completed Pre-Admission form to Luther Manor Communities. We would appreciate you keeping us informed on a monthly basis of your current circumstances, changes or needs. We do our very best to meet the needs of those applying for admission.