

PRE ADMIT FORM

Luther Manor
Dubuque, IA 52001-3999

Fax # (563)588-3875

3131 Hillcrest Road
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 Co. _____ Phone _____
Policy # _____ Medicaid # (if on T19) _____
- 5) For Veterans and their spouses: Veteran's name _____
Branch of Service _____ Entered _____ Discharged _____ War _____
Is the veteran/spouse currently receiving any VA monetary benefits? Monthly amt.\$ _____
Currently receiving VA Medical Benefits? _____ Prescription _____ Dr. treatment _____

Copies of both sides of your cards from Medicare, Social Security, and Supplemental Insurance will be needed with this pre-admit. Because of the Skilled Nursing status of our home, they are needed in order to carry out the requirements of evaluation and billing even if you do not currently receive this Medicare assistance. Part D card for medications, and Veteran discharge papers are also helpful. If soon to be on Title 19, a birth certificate and photo ID is needed. We would be glad to make the copies for you.

- 6) How long at this address? _____
Present living arrangements if other than primary one _____
Reason: _____

PERSONAL HISTORY

- 7) Birth date _____ Birthplace _____ Raised at _____
- 8) Mother's Name _____ Died _____ Occupation _____
Father's Name _____ Died _____ Occupation _____
- 9) Siblings: List in order of birth/ plus where they live: _____

- 10) Education _____ Occupations _____
- 11) Spouse's Name (living or deceased) _____ Occupation _____
Date of Marriage _____ Date when deceased _____
- 12) Religion _____ Church _____

Address _____
 Clergy _____ Phone _____

MEDICAL

- 13) Physician _____ Phone _____
 Dentist _____ Phone _____
 Optometrist _____ Phone _____
 Podiatrist _____ Phone _____
- 14) Pharmacy: Mercy CareMor _____ Hartig _____ Other: _____
- 15) Hospital _____
- 16) Emergency Contact Person(s): _____

DOCUMENTATION

- 17) a. Is there a Living Will? Yes _____ No _____
 b. Is there a Durable Power of Attorney for Health Care? Yes _____ No _____
 If yes, who is named responsible for decisions? _____
 c. Is there a Power of Attorney (for finances)? Yes _____ No _____
 If yes, who is named the responsible party? _____
(If yes to any of these, we need to be provided with copies of these documents)
 d. To make it easier for the family when a call needs to be made:
 Funeral Home _____ City _____ Phone _____
 Is there an Irrevocable Burial Trust established? _____ Yes _____ No

18) 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 _____

- 19) *We cannot use unsealed medications from home so do not purchase any just before admission. We **have** to get the medications **directly** from the pharmacy or VA.*

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 bring them! Talk to the nurse about getting them for the resident from the doctor. We have to know what resident's are taking!

- 20) History of Major Operations/Medical Problems
- _____

21) **SPECIAL CARES (Fill out daily routine and special habits on a separate sheet)**

Hearing difficulties? _____ Hearing aid(s) _____ Seeing difficulties? _____
 Eyeglasses? _____ Special Diet? _____ If yes, what are the diet restrictions?
 _____ Able to feed self? _____ If not, what kind of assistance
 is needed? _____ Special Dinnerware _____
 Special Treatments for _____ Swelling _____ Bed Sores _____ Catheter _____ Incontinence
 _____ Wandering _____ Insomnia Assistance with: _____ Bathing /Shower _____ Dressing
 _____ Teeth Helpful hints in approach: _____
 Use any of the following? _____ Oxygen _____ Walker _____ Wheel Chair _____ Lift Chair
 Mentally Alert _____ Slightly Forgetful _____ Confused _____ Very Confused _____

FINANCIAL INFORMATION

22) In order for us to plan for the future it is important that we have some idea of what to anticipate that you will be able to do financially. A lack of response may delay consideration!
 Room rates range from \$146.25 to \$157.25 per day (\$160.50 in the Memory Care Unit).
 Our average cost is about \$153.25 per day. At that rate, 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

23) Nursing Home Insurance Company? _____ Yes _____ No
 If yes, name: _____ Policy # _____

24) Responsible Party for billing _____ Relationship _____

This information has been prepared by:

Date

CONTACT PERSONS

25) *Please provide the following information on family members. Include siblings, sons and daughters, and other involved family members: If additional space is required, please 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) _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

Relationship _____

Name _____ Spouse _____

Phone (home) _____ (work) _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

Relationship _____

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THINGS TO CONSIDER BEFORE ADMISSION

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

a) Having a doctor's order. People cannot just decide to come to a nursing facility. It is not like renting an apartment. It is absolutely necessary to have a local physician. If coming from home, A **PHYSICAL AND HEALTH HISTORY** form will be sent by us to the doctor just a few days before admittance. If the resident hasn't seen the doctor in six months, get the records updated with a more recent appointment so that the doctor can make his referral.

b) **TB SKIN TEST** If the resident has not had a recent TB skin test, **they must** have this just days before

being admitted. Plans need to be made ahead of time, because a shot is given just below the skin surface and then checked for reaction 48 hours later. If ever the resident has had a positive reading, a chest xray is a must before admission. These are standards set by the State of Iowa.

27) **LABEL CLOTHING** even if the family choses to do the laundry. All personal items that a resident brings into Luther Manor must be marked with their name in a readable manner easily visible to the laundry. A black marking pen works best. Darker clothes need a white tag sewn on. Do not use iron on tags. They don't last.

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

TO REMAIN ACTIVELY ON THE WAITING LIST

Return this information to Luther Manor completely 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. To do this, you can simply call the switchboard and have them take your message. For instance, that message may be, "Still interested. Things are going well. Keep name on the list." or "Time is getting close. We will keep you informed", or "We will be looking for placement as soon as possible." Remember that it is often not possible to make immediate placement into our facility. We want to be able to be ready when needed, and we will do our best to be of assistance, especially in a crisis. To do this, however, we often need to work together in advance. Filling this out has been a great first step. Thank you.