

Brendan House Long Term Care

350 CONWAY DRIVE | KALISPELL, MONTANA 59901
(406) 751-6500

APPLICATION FOR ADMISSION

Facility Use:

Date Received _____

F.O. Contacts _____

Name _____ Phone _____

Address _____

Birth Place _____ Birth Date _____ Age _____ Sex _____

Social Security No. ____-____-____ Medicare No. ____-____-____ Are you a U.S. citizen Yes No

Marital Status Married Divorced Widow Single Are you a Veteran? Yes No Veteran's Widow Yes No

Name of Spouse _____

Primary Diagnosis _____

Medications _____

Any history of Mental Illness / Developmental Delay / Disability Yes No

Allergies _____

Doctor(s) _____

Church Affiliation _____ Pastor _____

Children:	Name	Address	Phone No.	Relationship
-----------	------	---------	-----------	--------------

(If other important contacts, please state relationship to applicant)

Who will purchase personal items for resident? _____

Have you ever been in a Nursing Home / Extended Care Facility before? Yes No Name of facility _____

The method of payment for nursing home care will be: Private Pay Medicaid

Medicare Supp. Insurance _____ Policy No. _____

Other Insurance: _____ Medicare D. (Rx) _____

Who should we contact regarding this application?

Name _____ Relationship _____ Phone _____

Signature of Applicant / Guardian / Responsible Party _____ Date _____

Rules of acceptance and participation in this facility are provided without regard to: race, color, national origin, age, sex or handicap.



LEFT BLANK INTENTIONALLY

BRENDAN HOUSE, SNF

350 Conway Dr.
Kalispell, MT 59901
(406) 751-6500

NAME _____

Please complete both sides of this form.

Please place an "x" in each blank that applies.

MOBILITY ASSISTIVE DEVICES

- | | | |
|---|------------------|--------------------------|
| _____ Can walk around safely without help | _____ Crutches | _____ Cane |
| _____ Can walk for a short distance only (5-10 feet). | _____ Walker | _____ Braces |
| _____ Needs help with wheelchair | _____ Splints | _____ Corrective Shoe(s) |
| _____ Spends much of the time in bed | _____ Wheelchair | |
| _____ Totally bed-ridden | | |

EATING

- | | |
|--|--|
| _____ Never eats breakfast. | _____ Dentures ___ upper ___ lower |
| _____ Eats one food at a time and finishes that food before starting another food. | _____ ___ full ___ partial |
| _____ Does not like food mashed together | _____ Has good teeth. |
| _____ Feeds self with (left / right) hand | _____ Special diet required. |
| _____ Prefers to sip liquids (before/during/after) meal | _____ Must have soft foods. |
| | _____ Must be fed by others. |
| | _____ Special equipment needed for eating: _____ |

BATHING AND GROOMING

- | | |
|---------------------|--|
| _____ Showers | _____ Requires some help with bathing. |
| _____ Tub bath | _____ Must be bathed by others. |
| _____ Sponge bathes | _____ Can shave without help. |
| | _____ Must be shaved by others. |

SLEEP/WAKE CYCLE

- | | |
|---|--|
| Time usually awakens: _____ | _____ Sleeps well. Requires no night care. |
| Nap Times: _____ | _____ Walks in sleep. |
| Time usually goes to bed: _____ | |
| My side of the bed is: _____ Right _____ Left | |

TOILETING

- | | |
|--|---|
| _____ Needs no help. | _____ Has some leakage during the day. |
| _____ Needs help. | _____ Has some leakage at night. |
| _____ Goes to toilet during the night, (requires no help). | _____ Has full control over bowels/bladder. |
| _____ Needs bed pan or commode. | _____ Lacks control of bowels/bladder. |
| _____ Other _____ | _____ Has foley catheter. |

DRESSING/UNDRESSING

- | | |
|---|----------------------------------|
| _____ Sleeps in the nude. | _____ Dresses without help. |
| _____ Sleeps in underwear. | _____ Help required in dressing. |
| _____ Sleeps in pajamas. | _____ Must be dressed by others. |
| _____ Sleeps in a nightshirt/nightgown. | _____ Stands while dressing. |
| _____ Other _____ | _____ Sits while dressing. |

MENTAL & EMOTIONAL STATUS

- _____ Alert.
- _____ Remembers current happenings.
- _____ Remembers past experiences.
- _____ Becomes confused about surroundings.
- _____ Recognizes family and friends.
- _____ Inclined to wander away or get lost.
- _____ Always on the move, can't relax.
- _____ Is usually cheerful and happy.
- _____ Is often sad and unhappy.
- _____ Enjoys visiting.
- _____ Gets along well with others.
- _____ Withdrawn. Has little to do with others.
- _____ Is able to converse sensibly.
- _____ Mislays things.
- _____ Suspects that mislaid articles are stolen.
- _____ Rather hard to get along with.
- _____ Is never satisfied.
- _____ Inclined to be belligerent.

THE FIVE SENSES AND QUALITY OF LIFE

List the things you like to: _____ (examples may be: TV, oranges, my cat, classical music, etc.)

- See/Look at _____
- Smell _____
- Taste _____
- Touch _____
- Hear _____

PERCEPTION & SPEECH

- Eyesight: Good _____, Partial _____, Blind _____ (R) ____ (L) ____ Both ____.
- Hearing: Good _____, Partial _____, Deaf _____.
- Hearing Aid: (R) _____, (L) _____.
- Speech: Normal _____, Impaired _____, Non-verbal _____.

HOBBIES & RECREATION

LEISURE/HOBBIES

- _____ Enjoys reading _____ Needs large print _____ Enjoys inside / outside activities
- _____ Enjoys radio programs _____ Enjoys television _____ Would rather participate in group activities
- _____ Able to write letters _____ Would rather participate in individual activities
- _____ Can knit _____ Can crochet _____ Can sew _____ likes crafts _____ Likes to garden
- _____ Play cards _____ Pinochle _____ Bridge _____ Solitaire _____ Other _____
- _____ Daily contact with family/friends _____ Daily contact with Pet _____ Enjoys church attendance
- _____ Other hobbies/interests: _____

FORMER OCCUPATION

- Job / Title: _____
- _____ Worked outdoors _____ Worked indoors _____ Number of years at occupation
- The key elements of my job were: _____

IS NURSING HOME CARE NEEDED AT THIS TIME? _____ YES; _____ NO

What medical problem, behavior problem or change in family circumstances makes nursing home care necessary at this time? _____

Any other information that may be helpful to those caring for this person _____

To the best of my knowledge the above information is a correct portrayal of this applicant.

Signed Relationship Date