

To be completed by MD- (Electronic Documentation including the following acceptable with signature)

Your Patient (Name) \_\_\_\_\_

Is seeking admission to (Facility) \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Current Medical Diagnoses:**

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

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

Advance Directives: \_\_\_\_\_

**Medications and Indication:**

**Past Medical History: (Hospitalization, surgery, significant illness-include dates)**

**Problem precipitating Nursing Home application:**

PPD Status: \_\_\_\_\_ Pneumovax: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Years: \_\_\_\_\_

Smoking History: Yes No If yes, Pack Years

Alcohol History:

Other:

**Significant Physical Findings:**

Recent Labs, X-Rays, (within last six months):

BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_

**Mental Status:**

Alert: Yes No

Oriented to: Person \_\_\_\_\_ Place \_\_\_\_\_ Time \_\_\_\_\_

Dementia: Yes \_\_\_\_\_ No \_\_\_\_\_

Depression: Yes \_\_\_\_\_ No \_\_\_\_\_

Behavioral Problems (Describe) \_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Date Seen: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_