

# Barfield Health Care, Inc.

22444 Highway 431  
Guntersville, Alabama 35976

Please fill out & mail or drop off.

Thank You,

Barbara Johnson, LPN, Admissions

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

## Pre-Admission Data Sheet and Wing Assignment

Applicant Name:					Last	First	Middle	Maiden Name	Female:
									Male:
Date of Birth:	Age:	Married:	Widow:	Single:	Divorced:				
Social Security #	Primary Doctor:		Grade Completed in School:						
Applicant presently at:								Since:	
Last stay at hospital:				Doctor at hospital:					
Medicaid #:	_____ QMB	<input type="checkbox"/>	Medicare #:	_____ Part A date:	_____ Part B date:				
Part D Insurance:	_____ Member ID#:	_____ Effective date:	_____						
Home Health?	Yes / No	If Yes, what agency? _____							
Other Insurance:	_____ Pol. #	_____ Group.#	Effective date: _____						
Has applicant been in a nursing home before? Yes / No									
If so, when and where: _____									
<b>Income Information</b>									
Social Security Income:	_____ SSI:	_____ Other income:	_____						
Veteran:	Yes / No	If yes, Branch: _____							
Has applicant had Medicaid coverage before? Yes / No									
Will applicant be eligible to apply for Medicaid? Yes / No									
Sponsor (contact person):					Telephone #:				
Address:					Cell #:				
Diagnosis:									
Medications:									
Name of Pharmacy:									
Prefers:	Private	<input type="checkbox"/>	Semi-Private	<input type="checkbox"/>					
Allergies to:	Medication	_____ Food:	_____ None	<input type="checkbox"/>					
Religion:	_____ Church Name:	_____ Preacher:	_____						
Former Occupation:	_____ Living Will:	Yes / No	DNR	NFT	Full Code	<input type="checkbox"/>	<input type="checkbox"/>		
Organ Donor:	Yes / No	Smoker:	Yes / No	Uses Oxygen:	Yes / No				
Date of Last Flu Vaccination:	Date of Pneumonia Vaccination:			Date of Tetanus:					
Funeral Home Preference:				Any Pre-Arrangements? Yes / No					
Comments:									

# Wing Assessment Assignment

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## *Mental Status*

- Alert
- Confused
- Oriented to person
- Oriented to place
- Oriented to time

## *Mood/Behavior*

- Friendly
- Cooperative
- Anxious
- Frightened
- Combative
- Talkative
- Quiet
- Irritable
- Depressed

## *Communication*

- Verbal
- Nonverbal
- Communication board
- Can make needs known

## *Sensory Impairments*

- Speech
- Hearing
- Sight

## *Appliances Used*

- Dentures
- Hearing aid
- Glasses
- Brace
- Prosthesis
- Supportive device

## *Bladder Continence*

- Continent
- Incontinent
- Has Foley Catheter

## *Bowel Continence*

- Continent
- Incontinent
- Colostomy
- Usual bowel pattern: *AM / PM*
- Problems with constipation
- Problems with diarrhea

## *Mobility*

- Ambulates independently
- Requires assistance to ambulate
- Uses: *walker / cane*
- Independent in use of wheelchair
- Travels via wheelchair with assistance
- Up in chair only
- Turns self in bed
- Must be turned when in bed
- In bed

Please continue on next page

***Bathing***

- Independent
- Requires assistance
- Must be bathed
- Participates in bath

***Dressing***

- Independent
- Participates in dressing
- Must be dressed
- Needs assistance
- Chooses clothing

**Dietary/Diet**

- Type of Diet (*specify*): \_\_\_\_\_
- Feeds self
- Must be fed by staff
- Needs encouragement
- Has: *Feeding tube*
- Needs assistance

***Skin Condition***

- Normal
- Bruises
- Edema
- Abrasions
- Broken area
- Skin tears

***Psychosocial Status***

- Supportive family
- At ease interacting with others
- Many friends
- Would enjoy Activities

***Safety Concerns***

- Wanders
- Tries to leave home
- Falls
- Bothers other family members belongings

Comments:

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