

Barfield Health Care

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: _____					
Income Information					
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"/>
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:
