



# Lisaard House

## Admission application: Demographic Information

Client' name:				First	Middle	Last		
Home address:		Street	City		Prov.	Postal Code		
Telephone				Present location				
Age	Date of birth (yr. / mo. / day)			Sex	Male	Female	Single	Married
						Widowed	Divorced	
Family physician			Other physicians			Phone		
Health card number				Version Code		Religion		

## Power of Attorney

Next of kin / Primary contact		Relationship
Address		
Telephone (home)		Telephone (work)
Power of Attorney:		
Personal care		
Financial		
Substitute Decision-Maker / Advance Directive		

## Referral Source

Person Referring		Date
Contact person	Telephone	Pager
Alternate	Telephone	Pager



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## Admission Application

Client's Name	
Diagnosis	
Requesting admission for: Palliation	
Prognosis (in months or weeks).	
Diabetic: Yes No	Allergies
Other Medical Conditions;	
Briefly describe symptoms requiring management (e.g. S.O.B., nausea, anxiety, bone pain, neuropathic pain, etc.)	
Patient's / family's goals and expectations, including patient's understanding of reasons for admission.	

## Special Considerations

<b>Has this patient tested positive for MRSA, VRE or C Diff?</b>			
<b>Is this patient awaiting results of screening for any of the above?</b>			
Cognitive deficit : No Yes Please describe.			
Special equipment needs (trach, N/G tube, suction, O <sup>2</sup> , etc.).			
Special treatment needs (dressings, procedure, pain pump, blood transfusion, etc.).			
Special planning issues, e.g. family dynamics, appointments with other agencies, discharge planning.			
Attachments:	History Pertinent diagnostic tests	Consults Medication record	Progress Notes Care plan