APPLICATION for ADMISSION

Mountain View Infinite Love, Personal Care
1776 Elly Rd • Aroda, VA 22709
P: (540) 948-6831 • F: (540) 948-5402
ryan@mvnursing.net

Application Date: _____

❑ Male ❑ Female Seeking Admission: ❑ Now - 6 months ❑ 6 - 18 months ❑ 18 - 48 months

Applicant: _____
Last Name(s) First Name Middle Name(s) Date of Birth

Address: _____
Street City State Zip

Resident of Madison County? ❑ No ❑ Yes Spouse's Name _____

Primary Contact, Responsible Party, or POA

Name _____

Relationship _____

Address _____

_____

Cell _____

Secondary Contact

Name _____

Relationship _____

Address _____

_____

Cell _____

General function and ADL details (check all that apply)

❑ Mentally Alert	❑ Feeds Self	❑ Walks alone	❑ Ostomy
❑ Forgetful/Confused	❑ Help with Eating	❑ Walks w/Assist	❑ Diabetic
❑ Wanders away	❑ Tube Feeds	❑ Unable to walk	❑ Open Wounds
❑ Dementia/Alzheimer's	❑ Continent	❑ Paralyzed	❑ Supplemental O_2
❑ Aggressive/Combative	❑ Incontinent	❑ Catheter	❑ CPAP

History of (check all that apply)

❑ Tuberculosis	❑ MRSA	❑ Hepatitis
❑ Antibiotic-resistant infection	❑ VRE	❑ C. Diff

Falls in past 6 months _____ Current Weight _____ Weight (gain/loss) in past 6 months _____

Primary medical diagnoses _____

Describe events leading up to this application _____

_____

_____

Applicant's current residence:

❑ Their own home	❑ With family	❑ Nursing Home _____
❑ Group Home	❑ Assisted Living _____	❑ Other _____

Currently on Medicaid? ❑ No ❑ Yes Anticipate Medicaid within a year? ❑ No ❑ Yes

Does applicant have a POA/Living Will/Advance Directive? ❑ No ❑ Yes

I understand Mountain View does not offer television. ❑ No ❑ Yes

I understand Mountain View is a smoke-free campus. ❑ No ❑ Yes

_____

Name of person completing this Application Phone # Email