

Mertens House  
Pre - Admission Information

Referred by \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tele # \_\_\_\_\_

Living Situation - Living Alone \_\_\_\_\_ With Family Members \_\_\_\_\_

With Caregivers \_\_\_\_\_ Name(s) \_\_\_\_\_

Current Care Facility / Type \_\_\_\_\_

Name & Contact \_\_\_\_\_

Living Situation Past Five Years \_\_\_\_\_ Prior Nursing Home Stays \_\_\_\_\_

Health Reasons for needing Nursing Home Placement \_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nearest Relative / Contact \_\_\_\_\_

E-mail \_\_\_\_\_ Tele # \_\_\_\_\_

Address \_\_\_\_\_

Significant Others / Relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Power of Attorney for Healthcare \_\_\_\_\_

Power of Attorney for Finances \_\_\_\_\_

Advance Directives Yes \_\_\_ No \_\_\_ Living Will Yes \_\_\_ No \_\_\_

Do not Resuscitate \_\_\_\_\_ Do not Hospitalize \_\_\_\_\_ Feeding Restrictions \_\_\_\_\_

Medications Restrictions \_\_\_\_\_ Other treatment restrictions \_\_\_\_\_

If hospitalized - preference \_\_\_\_\_

Dentist \_\_\_\_\_ Eye Doctor \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

Supplemental Health Insurance \_\_\_\_\_

Group # \_\_\_\_\_ Certificate # \_\_\_\_\_

Prescription Insurance \_\_\_\_\_

Group # \_\_\_\_\_ Certificate # \_\_\_\_\_

Current Physician \_\_\_\_\_ Tele # \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Lifetime Occupation \_\_\_\_\_ Religious Preference \_\_\_\_\_

Attends Church/Temple/Synagogue \_\_\_\_\_ If Yes, where \_\_\_\_\_

Finds strength in faith / would enjoy religious interaction \_\_\_\_\_ If yes, specify

Daily contact with family \_\_\_\_\_ Close Friends \_\_\_\_\_

Daily animal companion/ presence \_\_\_\_\_ Most time alone \_\_\_\_\_

Enjoy TV \_\_\_\_\_ Gets Dressed daily \_\_\_\_\_ Bedclothes most of day \_\_\_\_\_

Normal Bedtime hour \_\_\_\_\_ Naps regularly \_\_\_\_\_

Showers for bathing \_\_\_\_\_ Bathtub \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Leave home during week one or more times \_\_\_\_\_

Have Hobbies, reads, daily routines \_\_\_\_\_

Involved in Group Activities \_\_\_\_\_

Ambulate independently \_\_\_\_\_ Uses appliance / specify \_\_\_\_\_

Wakens to toilet all or most nights \_\_\_\_\_ Irregular bowel movement pattern \_\_\_\_\_

Use of Alcohol \_\_\_\_\_ daily \_\_\_\_\_ weekly Uses tobacco \_\_\_\_\_

Distinct food preferences \_\_\_\_\_

Eats between meals all or most days \_\_\_\_\_

Mail or fax to: Mertens House  
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