

Crouse Community Center
101 South Street
Morrisville, NY 13408

APPLICATION FOR ADMISSION - MEDICAL

(Noted: To Be Completed By Physician)

Name of Applicant: _____ Date of Birth: _____

Address: _____

Sex: _____

Active Diagnoses: _____

Medications	Dose	Route	Frequency	Reason for Use

Past Medical History: _____

Past Surgical Procedures / Dates: _____

Recent Lab Work: _____

Recent X-Rays: _____

Allergies: _____

Pneumovax: Yes / No Date: _____ Flu Vaccine: Yes / No Date: _____

TB Skin Test: Yes / No Date: _____ Result: _____

Tetanus Immune Status: _____

Current Treatments: _____

Name of Applicant: _____

Pressure Ulcers: Yes / No State & Location: _____

Other Skin Conditions: _____

History of Alcoholism: _____

History of Drug Addiction: _____

History of OR Current Communicable Disease: _____

Advanced Directives: ___ DNR ___ Health Care Proxy ___ Power of Attorney ___ Living Will

List Specialists Seen By Applicant:

Dentist: _____ Podiatrist: _____

Audiologist: _____ Ophthalmologist: _____

Psychiatrist: _____ Other: _____

Special Diet or Consistency: Yes / No Specify: _____ Feeds Self: Yes / No

Hearing: WNL / Impaired / Severe Hearing Aid: Yes / No

Vision: WNL / Impaired / Severe Glasses: Yes / No

Speech: WNL / Impaired / Severe

Mental Status: (Check All That Apply) ___ Oriented ___ Cooperative ___ Wanders

Confusion: ___ Occasionally ___ Always ___ Noisy ___ Assaultive ___ Agitated

Other: _____

Dementia Screen Done: Yes / No

History of Psychiatric Problems / Current Status: _____

Mobility: ___ Ambulatory ___ With / Without Assist

Devices Used: ___ Cane ___ Walker ___ Assaultive ___ Agitated

Incontinence: Bladder: ___ Always ___ Occasionally ___ At Night

Bowels: ___ Always ___ Occasionally ___ At Night

Continent: ___ Foley Catheter / Size / Reason: _____

Colostomy: _____

Recommendations for Routine Care: _____

Do You Recommend Nursing Facility Placement? Yes / No

Physician's Signature: _____ Date: _____

Physician's Address: _____

Note: Please Include Copies of Most Recent History and Physical, Any Recent Lab Work and Any Operative

Reports.....Without the Above Information Admissions May be Denied

State and Federal Laws Prohibit Discrimination Based on Race, Creed, Color, National Origin, Sex or Sponsor
CCC/3-06 sdj