



Geriatric & Dementia Center  
"Providing the Highest Quality of Care"  
201 Poplar St. Ideal, GA 31041  
478-949-2270 ext. 221

### **New Admission Application**

Resident Name:	Today's Date:	
Date of Birth:	Age:	
Social Security Number SSN:		
Resident Address:		
City:	State:	Zip:
Weight:	Height:	
Marital Status:		

Primary Contact Name:	Relationship:	
Phone #:	Email:	
Primary Contact Address:		
City:	State:	Zip:
Secondary Contact:	Relationship:	
Phone #:	Email:	
Secondary Contact Address:		
City:	State:	Zip:

Primary Insurance: (Please provide copy)
Secondary Insurance: (Please provide copy)
Medicaid (Will applicant be applying for Medicaid)
Primary Diagnosis:
Secondary Diagnosis:
Cancer Diagnosis:
Diabetic Diagnosis:

List of Medications:
Recent Hospitalization:
Recent Hospice Utilization:
Skilled Nursing or Assisted Living Placement:
Hearing: ( Good / Fair / Poor )
Vision: (Good / Fair / Poor)
Ambulation: (Walks Independent / Cane / Rollator / Walker / Wheelchair )
Transfers: (Independently / One Person Assist / Two Person Assit / Hoyer Lift )
Recent Falls:
Broken Bones:
Incontinence of Bowel or Bladder:
Skin Breakdown: ( Bed Sores / Wounds )
Memory Care Needs:
Behaviors or Yelling Out:
Wandering:
Making life threatening statements:
Tobacco Use:
Diet (Regular, Altered, pureed):
Vaccinaiton Status: FLU <span style="float: right;">COVID</span>
Allergies (Food & Medications):
Anxiety:
Depression:
Shower/Bath (bathes self/needs assist):
Feed Self: <span style="float: right;">Dress Self:</span>
Sleeping Habits:
Pacemaker:
Activities:

Expectations:
DNR (has a “Do Not Resuscitate” been ordered):
Religious Preference :
Dentist/Podiatrist/Optometrlist (Would you like to enroll):
Private or Semi-Private Room preferred:
Long term or Short term Stay:
Resident Monthly Income:
Home, Property, Life Insurance (Whole or Term) Policy Value:
OTHER:

**PLEASE PROVIDE COPIES OF THE FOLLOWING INFORMATION**

1. Front and Back of Insurance Cards
2. Copy of Power of Attorney Documentation
3. Copy of Guardianship Documentation (if applicable)
4. Copie of Living Will and Advance Directives