



1900 Summit Blvd.  
Pensacola, FL 32503  
(850) 436-5900

# ADMISSION INQUIRY

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Sex:  M  F Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish/Church: \_\_\_\_\_ Former Occupation: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_ Present Living Arrangements: \_\_\_\_\_

Reason for Admission: \_\_\_\_\_ Did Applicant participate in decision to apply?  Yes  No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Desired Date of Admission: \_\_\_\_\_ Payment Method:  Private  Medicaid  Private Insurance

### Responsible Person:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Accommodations Requested: Residential Room \_\_\_\_\_ with private \_\_\_\_\_ with shared bath \_\_\_\_\_

Nursing Care \_\_\_\_\_ Dementia/Alzheimers Unit \_\_\_\_\_

(PLEASE COMPLETE APPLICANT'S PRESENT STATUS ON BACK.)

1. Ambulation:

independent     uses cane     uses walker     unable to walk     uses wheelchair     bed fast

2. Mental State:

alert     confused     forgetful     uncooperative     agitated     unresponsive

History of mental illness:     Yes     No

History of alcohol or drug abuse:     Yes     No

3. Personal Care:

bathes self     with assistance     unable

dresses self     with assistance     unable

feeds self     with assistance     unable

Continent     Incontinent Bowel     Incontinent bladder

4. Medical Problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has applicant granted power of attorney?     Yes     No

Legal Guardian?     Yes     No    Health Surrogate:     Yes     No

Does applicant have living will?     Yes     No

Date Signed: \_\_\_\_\_

How were you referred to the Haven? \_\_\_\_\_

**Please Note:** We will be happy to keep your application in our file. After one year it will become inactive unless you indicate a continued interest in an accommodation. This inquiry is not a guarantee of admission. Medical condition, compatibility and other factors must be considered prior to admission.

Admission to this facility will be made from the established waiting list without regard to race, color, religion, national origin, sex or handicap.