

Bethany Lutheran Home

7 Elliott Street
Council Bluffs, IA 51503
Tel: (712) 328-9500 Fax: (712) 328- 2304

Bethany Heights

11 Elliott Street
Council Bluffs, IA 51503
Tel: (712) 328-8228 Fax: (712) 329-4058

Application for Admission

Name

Application Date

Date of Birth

Place of Birth

Home Address

Phone

Responsible Party/ Family/ Friends (*The first person listed is the emergency contact.*)

Names

Addresses

Work and Home Phone

Relationship

Primary physician: (Must be licensed in Iowa)

Alternative Physician

Hospital

Dentist

Psychiatrist

Optometrist

Funeral Home

Pharmacy circle **one**

Community Pharmacy

Gretna Pharmacy

Date of most recent physical exam or hospitalization:

Height

Weight

Insurance Information

Medicare # (or railroad retirement#)

Social Security #

Medicaid #

Authorization #

Caseworker

Effective Date

County

Supplemental Medical Insurance Company

Policy#

Long Term Care Insurance Company

Policy #

Social History

Do you have: *Please check all that apply and attach documents. Copies are acceptable*

- Guardian
- Conservator
- Living Will

Marital Status	Spouse's name <i>whether living or not:</i>
<input type="radio"/> Single	_____
<input type="radio"/> Married	
<input type="radio"/> Widowed	Wedding Anniversary date
<input type="radio"/> Divorced	_____

Date of death of spouse if applicable _____

Have you been or are you now a resident of another nursing home? _____
Where? When? _____

Church or religious preference: Congregation _____
Clergy _____ Address _____
Phone # _____

Are you a Veteran or spouse/widow(er) of a veteran?
Branch of Service: _____

Past or Present occupation: _____

Past or Present interests or hobbies: _____

Do you have any special needs or requests?

Name: _____

Please tell us about your needs. Check all that apply.

Yes	No	<u>Daily Routine</u>	Yes	No	<u>Sensory</u>
___	___	Can wash self	___	___	Can hear
___	___	Conversation	___	___	Can see
___	___	Can dress self	___	___	Expresses self well
___	___	Can feed self	___	___	Behavior
___	___	Has control of bladder	___	___	Can follow simple
___	___	Has control of bowel	___	___	Is easily agitated
___	___	Can walk independently or with walker	___	___	Sleeps all night
___	___	Can transfer self	___	___	Wanders or paces
___	___	Can propel own wheelchair	___	___	Wanders or paces
___	___	Requires splint or brace	___	___	Angers easily
___	___	Wears a prosthesis _____	___	___	Cries frequently
			___	___	Naps during the day
			___	___	Bothered by noise
Yes	No	<u>Health</u>	Yes	No	<u>Social</u>
___	___	Is diabetic	___	___	Enjoys larger groups
___	___	Has heart problems	___	___	Enjoys smaller groups
___	___	Has nervous problems	___	___	Likes being with
___	___	Has memory problems	___	___	Likes to be alone
___	___	Has allergies _____	___	___	Has sense of humor
___	___	_____	___	___	Dislikes being alone
___	___	Smokes	___	___	Enjoys being active
___	___	Uses alcohol	___	___	Prefers quiet activity
___	___	Needs special diet	___	___	
___	___	Has unhealed wounds			
___	___	Has own teeth			

Preferences:

Yes	No	Yes	No	Yes	No
___	___	T.V./Movies	___	___	Shopping trips
___	___	Pets	___	___	Field trips
___	___	Van rides	___	___	Church
___	___	Leading	___	___	Puzzles
___	___	Table Games	___	___	Painting
___	___	Parties	___	___	Newspapers
___	___	Cards	___	___	Playing musical instrument
___	___	Music – Style _____			Other _____

INDIVIDUAL FINANCIAL STATEMENT
All information will be held confidentially

To whom shall we send the monthly bill and other business mail from Bethany Lutheran Home or Heights?

Do you want us to forward business mail from other businesses that comes to you at Bethany Lutheran Home or Heights? To whom?

Assets	Liabilities
Cash on hand or in banks....\$ _____	Unpaid taxes.....\$ _____
Government Securities.....\$ _____	Outstanding loans....\$ _____
Stocks and Bonds.....\$ _____	Unpaid Interests.....\$ _____
Real Estate (approx.).....\$ _____	Other debts-Itemize.\$ _____
Automobiles.....\$ _____	
Other investments.....\$ _____	Total Liabilities.....\$ _____
Cash Value of Life Insurance\$ _____	
Other Assets-Itemize.....\$ _____	
	Income
Total Assets.....\$ _____	Social Security.....\$ _____
	Pensions.....\$ _____
	Dividends.....\$ _____
	Other Income- Itemized\$ _____
	Total Income.....\$ _____

For the purpose of showing financial responsibility, I furnish the foregoing as a true and accurate statement of my financial condition. It is agreed that, if necessary, any of the assets listed will be converted to cash and used for the payment and benefit of the person named herein. I also understand that while a resident of Bethany Lutheran Home/Bethany Heights, no transfer of assets shall be made to jeopardize my ability to pay schedule monthly charges. I further understand that any such transfer may be grounds for discharge from Bethany.

Release of Information

I hereby give Bethany Lutheran Home/ Heights permission to release my medical information to the Iowa Foundation for Medical Care for the purpose of completing required the pre-admission screening.

Signature of applicant/ responsible party

Date _____