



Application for Admission

Applicant/Resident's Name

Date of Birth

Phone

Address

City

State

Zip / Post Code

Applying to:

Residential Care

Rehabilitation

Memory Care

Continuing Care

Marital Status

Married

Divorced

Widowed

Single

Source of Referral:

Responsible party/family member responsible for managing Resident's affairs:

Responsible Party's Name

Relationship to Resident

Phone

Email Address

MEDICAL INFORMATION

Physician's Name

Physician's Phone

Current Medical Problems

Date's of applicant's last hospitalization

Reason for hospitalization



MOBILITY, HEALTH, AND LIFESTYLE

Walks independently

- Yes
- No

Needs assistance with walking

- Yes
- No
- N/A

Uses a wheelchair

- Yes
- No

Needs assistance in wheelchair

- Yes
- No
- N/A

Able to transfer self from bed to chair

- Yes
- No

Needs assistance with feeding

- Yes
- No

Needs assistance with bathing

- Yes
- No

Needs assistance with dressing

- Yes
- No

Is able to toilet self

- Yes
- No

Is applicant continent?

- Yes
- No

Is applicant presently receiving assistance from outside agencies?

- Yes
- No

Name of Agency (if applicable)

Is on a regular diet

- Yes
- No

How often does applicant use alcohol?

Does applicant smoke?

- Yes
- No

MENTAL STATUS

Oriented to *(select all that apply)*

- Person
- Place
- Time

Difficulty expressing self

- Yes
- No

Episodes of delusional thinking

- Yes
- No

May wander outside or into other resident's rooms

- Yes
- No

Easily agitated

- Yes
- No

Resistant to care

- Yes
- No

History of depression

- Yes
- No

History of anxiety

- Yes
- No

Sociable

- Yes
- No

Does applicant accept need for placement?

- Yes
- No

Please mail your application to:

Mayo Healthcare
Attn: Tanya Law
71 Richardson Street
Northfield, Vermont 05663

Or email it to: tlaw@mayohc.org

If you have questions about the application process, please call our Admissions Coordinator at 802-485-3161.