



2120 Payne Street Louisville, KY 40206  
502-895-9425

[www.sacredheartlou.org](http://www.sacredheartlou.org)

**PRE-ADMISSION FORM**

**Applicant Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Level of Care Desired:**

\_\_\_\_\_ **Outpatient Rehab Services**

\_\_\_\_\_ **Skilled Nursing Care**

\_\_\_\_\_ **Inpatient Rehab Services**

\_\_\_\_\_ **Memory Care**

\_\_\_\_\_ **Personal Care**

**Current Living Situation:** \_\_\_\_\_

**Reason for Relocating:** \_\_\_\_\_

**Expected Method of Payment:** \_\_\_\_\_ **Private Pay** \_\_\_\_\_ **Other** \_\_\_\_\_ **Medicare** \_\_\_\_\_ **Medicaid**

**Formal Diagnosis of Dementia/Alzheimer's disease:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_

*Check all that may apply:*

\_\_\_\_\_ **History of Falls**

\_\_\_\_\_ **Memory Loss**

\_\_\_\_\_ **Bladder Control**

\_\_\_\_\_ **Confusion**

\_\_\_\_\_ **Anxiety**

\_\_\_\_\_ **Bowel Control**

\_\_\_\_\_ **Hospitalization within the last year**

*Needs assistance with:*

\_\_\_\_\_ **Eating**

\_\_\_\_\_ **Dressing**

\_\_\_\_\_ **Bathing & Hygiene**

\_\_\_\_\_ **Transfers**

\_\_\_\_\_ **Mobility (device used \_\_\_\_\_)**

**NOTES** \_\_\_\_\_

\_\_\_\_\_

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**Tour Completed by:** \_\_\_\_\_

**DATE** \_\_\_\_\_