



928 South Street
Admissions Department:
Admission FAX:

Portsmouth, NH 03801-5475
603-766-2310
603-766-2306

APPLICATION FOR ADMISSION

Applicant's Name: _____ Date of Birth: _____

Legal Address: _____

Current Location: Home Rehab Assisted Living Nursing Home

Tell us what type of care you are seeking at this point:

Short-Term Rehab Memory Care
 Long-Term Living Assisted Living

Tell us about you/your loved one:

Medical History/Diagnoses: _____

Height: _____ Weight: _____

Received COVID-19 Vaccination: Yes No Received Booster: Yes No

1st Dose Date: _____ 2nd Dose Date: _____ Booster Date: _____

Special Needs: Oxygen Wheelchair Specialty Lift Specialty Mattress
 Other: _____

Medications: _____

Functional Status:

Ambulation: _____ Assistive Device: _____

Bathing/Dressing/Meals: _____

Cognition/Behaviors: _____

Skin Issues: _____ Sleep Disturbances: _____

Allergies: _____

PERSONAL INFORMATION

Primary Care Physician: _____

Physician Specialist: _____

Male Female Date of Birth: _____ Age: _____

Social Security Number: _____

Marital Status: S M W Separated Divorced

Religion: _____ Parish: _____

Referral from: _____

CONTACT PERSON REGARDING THE APPLICATION

Name: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

RESPONSIBLE PARTY/LEGAL GUARDIAN/DPOA

Legal Guardian Document Attached

Durable POA Health Document Attached

Durable POA Finances Document Attached

Name: _____

Address: _____

Relationship: _____ Phone Number: _____

Is DPOA for Health Activated? Yes No

What are your goals for care:

Is there anything else that would be helpful for us to know about you/your love one?

How do you plan on paying for care?

Private Funds Medicaid Long Term Care Insurance

How can we contact you?

Your name: _____

Your Address: _____

Your Phone Number: _____

Your email: _____

Your relationship to Applicant: _____

Signature: _____

Date: _____

* All sections/questions must be completed for application consideration.