



HALE NOHEA

Maunaloa

APPLICATION

Potential resident information:

Mr. Mrs. Ms. Name: _____

First Name

MI

Last Name

Preferred Name: _____

Address: _____

Number

Street

Apt #

City

Island

Zip Code

Birth Date: _____ City & State of Birth _____

Marital Status _____ Former occupation _____

Religious affiliation: _____ Church: _____ Phone: _____

Chergy: _____ Phone: _____

Durable Power of Attorney:

Has durable medical power of attorney been designated? Yes No

If yes, complete the following:

Name: _____ Relationship: _____

Address: _____

Number

Street

City

State/Zip Code

Telephone (day): _____ Telephone (evening/cell): _____

Email Address: _____

Has a durable financial power of attorney been designated? Yes No

If yes, complete the following (if same, indicate same as above):

Name: _____ Relationship: _____

Address: _____

Number

Street

City

State/Zip Code

Telephone (day): _____ Telephone (evening/cell): _____

Email Address: _____

Have advance directives been completed? Yes No

Has a living will been completed? Yes No

Memory impairment? Yes No If yes, for how long? _____

Has this condition been evaluated? Yes No

If yes, evaluated by: _____ Telephone: _____

Address: _____

Number

Street

Ste #

City

State/Zip Code

Will this doctor be the primary physician if admitted to Hale Nohea? Yes No

If not, who will be the primary physician?

Name: _____ Telephone: _____

Diagnosis: _____

Other doctor's (Please include all, including dentist)

Name _____ Type: _____ Telephone: _____

Name _____ Type: _____ Telephone: _____

Name _____ Type: _____ Telephone: _____

Name _____ Type: _____ Telephone: _____

Name _____ Type: _____ Telephone: _____

Current Primary Caregiver

Name: _____ Relationship: _____

What are the current living arrangements? _____

How soon is placement desired? _____

Describe the person's cognitive abilities in the following areas:

Memory _____

Judgment_____

Language_____

Responsiveness to requests / instructions:_____

Does the person have the following impairments?

Vision impairment: Yes No

Hearing impairment? Yes No

Prescription glasses? Yes No

Hearing aid? Yes No

Describe the person's overall health:

Mobility_____

Hearing_____

Vision_____

Describe the assistance needed for the following: (e.g. independent, cueing required, assistance, total assistance)

Dressing_____

Mealtimes_____

Bathing_____

Toileting_____

Is the person continent? Yes No

Able to walk independently? Yes No

Assistive devices used? Cane Walker Other

If other, please describe_____

Describe the person's personality before the illness and today. (Adjectives such as: peaceful, friendly, happy, sad, introvert, extravert, serious, shy, playful, grouchy, suspicious, irritable, etc. are helpful)

Before the illness_____

Currently_____

Briefly describe the qualities, beliefs, traditions, travel, and achievements of this person.

Describe a typical day for this person.

Person to contact in case of Emergency:

Name _____ Relationship _____ Phone _____

Next of Kin:

Name _____ Relationship _____ Phone _____

How does this person feel about moving into Hale Nohea? _____

Please attach copies of the following records from the primary physician:

- Current TB Clearance and Vaccine Record
- Current Physical Exam
- Level of Care Evaluation
- Medical and Personal History
- Medication List
- Physician Orders
- Self Preservation Statement

The following is an overview of the application process:

1. Initial Application
2. On site nursing assessment
3. Additional questionnaires
4. Care Home Agreement and Conditions contract
5. Copy of Medical Insurance