# Mississippi Care Center of Morton Pre-Admission Screen Information

Name_____ DOB_____ Sex_____ Date of Inquiry_____

Social Security #_____ Medicaid #_____Medicare #_____

Other insurance name/#_____ Physician_____ Phone #_____

Case Manager/Social Worker_____ Phone#_____

Responsible Party Name _____ Relationship_____

Responsible Party Phone#_____

Reason seeking admission to MSCC_____

Medical Conditions (Diagnoses) _____

Medications_____

Current Living Arrangement_____

Last or Current Hospitalization (when, where, & diagnosis) _____

Circle best description:

**Mental Status-** ○ alert ○ sometimes confused ○ usually confused

**Transfers-** ○ independent ○ requires assistance ○ totally dependant

**Ambulation-** ○ independent ○ requires assistance ○ totally dependant ○ Walker/cane ○ does not walk

**Toileting-** ○ continent bladder ○ incontinent bladder ○ continent bowel ○ incontinent bowel

**Bathing-** ○ independent ○ requires some assistance ○ totally dependent

**Eating-** ○ feeds self ○ requires some assistance ○ must be fed by staff

**Length of Placement (circle)** ○ short-term ○ long-term

Check all that apply:

| | | | |
|---|---|---|---|
| ☐ chewing problem | ☐ recent wt. gain or loss | ☐ Diabetes | ☐ home health |
| ☐ swallowing problem | ☐ pressure ulcers | ☐ Cancer | ☐ hospice |
| ☐ feeding tube | ☐ paralysis | ☐ oxygen | ☐ skin problems |

Describe any skin problems (type, location, treatment) _____

Any abnormal/aggressive behaviors? _____

Describe any decline in level of functioning (walking, eating, toileting habits, behaviors, mental status):

If patient has had a decline, what was the prior level of functioning and when and why did he/she begin to decline?

_____

_____

Referred by_____ Phone #_____