

Application for Long Term Admission



South Cove Manor at Quincy Point Rehabilitation Center

中華頤養院康復中心

- *SCM Staff used only _____
- Date received: _____
- Date follow up: _____
- Date of admission: _____

288 Washington Street, Quincy, MA 02169 Tel: 617-423-0590 Fax: 617-477-8586

Name: _____	Social Security Number: _____
DOB: _____ Male/ Female	PRIVATE FUNDS: (circle) < \$20K, > \$20K _____
ADDRESS: _____	*MEDICARE # _____
CONTACT PERSON: _____	*MEDICAID/MASSHEALTH # _____
RELATION TO APPLICANT: _____	* PRIVATE INSUR. NAME: _____
PHONE: () - _____	policy # _____
	E-MAIL: _____

(*please provide copies of insurance cards, front and back)

**** THIS SECTION MUST COMPLETED BY THE PCP OR NP ****

PRIMARY PHYSICIAN: _____	PCP PHONE: _____
<i>(Please attach Diagnosis and Medication lists)</i>	FACSIMILE: _____

MENTAL STATUS	YES	NO
ALERT		
ORIENT PERSON		
ORIENT PLACE		
ORIENT TIME		
CONFUSED		
NOISY		
WANDERS		
COMBATIVE		
OTHER		

MOBILITY	INDEPENDENT	ASSIST	DEPENDANT
AMBULATE			
WHEELCHAIR			
OTHER			

ADLS	INDEPENDENT	ASSIST	DEPENDANT
BATHING			
GROOM			
DRESS			
EATING			

SKIN CONDITION:
DECUBITIS: _____
TREATMENT: _____

TOILET	CONTINENT	INCONTINENT	
BLADDER			
BOWEL			
OTHER NEEDS:		YES	NO
DIALYSIS			
O ₂ THERAPY			
C PAP/ BIPAP			
OSTOMY CARE			

NUTRITION: G-TUBE/ PEG TUBE/ P.O./
Modified P.O./ other: _____
Weight: _____ Weight change; Y/N
INFECTION: Y / N Where: _____
ISOLATION: YES/NO TYPE: _____

PPD Results _____ (+) (--) DATE: _____	Chest X-Ray RESULT: _____
PNEUMO VAC RECEIVED: _____ Yes/ No	DATE RECEIVED: _____
FLU VAC RECEIVED: _____ Yes/ No	DATE RECEIVED: _____
TD: _____ Yes/ No	DATE RECEIVED: _____
SARS-COV-2 (COVID-19): _____ Yes/ No	DATE RECEIVED 2nd DOSE: _____
Additional comments or special considerations:	

Doctor or Nurse Signature: _____

Rev. Date 3/26/2024