



The Oaks

Nursing & Personal Care Homes

"Professional Care with a Personal Touch"

777 Nursing Home Road ▪ Marshallville, GA 31057 ▪ 478-967-2223

New Admission Application

Resident Name:	Today's Date:	
Date of Birth:	Age:	
Social Security Number SSN:		
Resident Address:		
City:	State:	Zip:
Weight:	Height:	
Marital Status:		

Primary Contact Name:	Relationship:	
Phone #:	Email:	
Primary Contact Address:		
City:	State:	Zip:
Secondary Contact:	Relationship:	
Phone #:	Email:	
Secondary Contact Address:		
City:	State:	Zip:

Primary Insurance: (Please provide copy)
Secondary Insurance: (Please provide copy)
Medicaid (Will applicant be applying for Medicaid)
Primary Diagnosis:
Secondary Diagnosis:
Cancer Diagnosis:
Diabetic Diagnosis:

List of Medications:
Recent Hospitalization:
Recent Hospice Utilization:
Skilled Nursing or Assisted Living Placement:
Hearing: (Good / Fair / Poor)
Vision: (Good / Fair / Poor)
Ambulation: (Walks Independent / Cane / Rollator / Walker / Wheelchair)
Transfers: (Independently / One Person Assist / Two Person Assit / Hoyer Lift)
Recent Falls:
Broken Bones:
Incontinence of Bowel or Bladder:
Skin Breakdown: (Bed Sores / Wounds)
Memory Care Needs:
Behaviors or Yelling Out:
Wandering:
Making life threatening statements:
Tobacco Use:
Diet (Regular, Altered, pureed):
Vaccinaiton Status: FLU COVID
Allergies (Food & Medications):
Anxiety:
Depression:
Shower/Bath (bathes self/needs assist):
Feed Self: Dress Self:
Sleeping Habits:
Pacemaker:
Activities:

Expectations:
DNR (has a “Do Not Resuscitate” been ordered):
Religious Preference :
Dentist/Podiatrist/Optometrlist (Would you like to enroll):
Private or Semi-Private Room preferred:
Long term or Short term Stay:
Resident Monthly Income:
Home, Property, Life Insurance (Whole or Term) Policy Value:
OTHER:

PLEASE PROVIDE COPIES OF THE FOLLOWING INFORMATION

1. Front and Back of Insurance Cards
2. Copy of Power of Attorney Documentation
3. Copy of Guardianship Documentation (if applicable)
4. Copie of Living Will and Advance Directives