



OUR LADY OF PEACE HOME
2076 ST. ANTHONY AVE., ST. Paul, MN 55104
TELEPHONE 651-789-5031 FAX 651-646-7884

Our Lady of Peace Home is a licensed nursing facility for terminally ill patients who lack the financial resources for care. All curative treatments must be completed prior to admission. The Home is supported by the donations of a generous public.

This facility does not discriminate because of race, color, creed, religion, sex, age, physical or mental disability, national origin, marital status or sexual orientation.

NAME \_\_\_\_\_ DATE \_\_\_\_\_
First Middle Last (Maiden)

ADDRESS \_\_\_\_\_
Street City County State Zip

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_ RELIGION \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ PHONE # \_\_\_\_\_
City State

MEDICARE/INSURANCE NUMBER \_\_\_\_\_ MEDICAID NUMBER \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TERMINAL DIAGNOSIS \_\_\_\_\_

PRIMARY SITE (IF CANCER) \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_

PROGNOSIS IN DAYS/WEEKS \_\_\_\_\_

BRIEF HISTORY \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

CO-MORBIDITIES/SECONDARY DIAGNOSES \_\_\_\_\_

HISTORY OF MENTAL ILLNESS \_\_\_\_\_

CONTAGIOUS OR COMMUNICABLE DISEASE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

PATIENT'S CURRENT LOCATION \_\_\_\_\_

SMOKER STATUS: CURRENT \_\_\_\_\_ FORMER \_\_\_\_\_ NON SMOKER \_\_\_\_\_

ACTIVITY LEVEL: COMPLETE BED PATIENT \_\_\_\_\_ AMBULATORY \_\_\_\_\_ CHAIR \_\_\_\_\_

DIET: REGULAR \_\_\_\_\_ SPECIAL \_\_\_\_\_ TUBE FEEDING/TYPE \_\_\_\_\_

ELIMINATION: CONTINENT \_\_\_\_\_ INCONTINENT \_\_\_\_\_ FOLEY CATHETER \_\_\_\_\_ COLOSTOMY \_\_\_\_\_

PATIENT'S APPROXIMATE WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

LEVEL OF CONSCIOUSNESS: ALERT \_\_\_\_\_ LETHARGIC \_\_\_\_\_ UNRESPONSIVE \_\_\_\_\_

COMMUNICATION: ABLE TO SPEAK \_\_\_\_\_ SPEAKS ENGLISH \_\_\_\_\_ OTHER \_\_\_\_\_ NEEDS INTERPRETER \_\_\_\_\_

CURRENT MOOD/BEHAVIOR: DEPRESSED \_\_\_\_\_ CONFUSED \_\_\_\_\_ NOISY \_\_\_\_\_ QUIET \_\_\_\_\_

DELIRIOUS \_\_\_\_\_ SUSPICIOUS \_\_\_\_\_ BELLIGERENT \_\_\_\_\_ ALCOHOLIC/CHEMICALLY DEPENDENT \_\_\_\_\_

HISTORY OF VIOLENT BEHAVIOR \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

SUPPLIES/EQUIPMENT: OXYGEN \_\_\_\_\_ SUCTION MACHINE \_\_\_\_\_ PLEUREX DRAIN \_\_\_\_\_

SPECIAL MATTRESS \_\_\_\_\_ TRACH TUBE \_\_\_\_\_ OTHER \_\_\_\_\_

CODE STATUS/POLST/ADVANCED DIRECTIVE \_\_\_\_\_

NAME OF HOSPICE IF APPLICABLE \_\_\_\_\_ START DATE \_\_\_\_\_

\_\_\_\_\_ OKAY TO ADMIT TO OUR LADY OF PEACE HOSPICE

PHYSICIAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRIMARY DOCTOR/ONCOLOGIST \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RESPONSIBLE PARTY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL OR PRIMARY PHONE \_\_\_\_\_

SECOND PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL OR PRIMARY PHONE \_\_\_\_\_

SOCIAL WORKER \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**DOCUMENTATION REQUIREMENTS: DO NOT RESUSCITATE (DNR)/DO NOT INTUBATE (DNI)/ALLOW NATURAL DEATH, APPLICATION SIGNED BY PHYSICIAN OR NURSE PRACTITIONER. MOST RECENT MEDICATION LIST, RECENT HISTORY AND PHYSICAL OR PROGRESS NOTE WITH PAST MEDICAL HISTORY, COMORBIDITIES AND EVIDENCE OF TERMINAL DISEASE STATE SUCH AS RECENT CT/MRI/PET SCANS, COPY OF ADVANCE DIRECTIVE IF PRESENT.**

ADMISSION CONTACT INFORMATION: Mary Tillman [maryt@ourladyofpeacemn.org](mailto:maryt@ourladyofpeacemn.org) 651-789-5023