



Marshall Manor
NURSING & REHABILITATION CENTER

Pre-Admission/ Waiting List

Please fill out and mail to:
Marshall Manor
3120 North Street
Guntersville, AL 35976
Attn: ADMISSIONS

Patient/Resident Contact Name:		
Family Doctor's Name		Family Doctor's Phone ()
Patient's general medical history (brief explanation of health condition):		
Pharmacy		
Family Contact Information - Name:		
Street Address		City
State	Zip	Phone ()
Age/Date of Birth		Height/Weight
Current location: <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other Skilled Nursing Facility <input type="checkbox"/> Other, please explain:		
Brief description of daily routine:		
Describe patient's ability to ambulate (walk, move about)		
Has patient ever left home and become lost? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of falls in the last six months: _____	Number of falls in the last month: _____
Any injuries from falls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long?	Has patient experienced any recent weight loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has patient been in another skilled nursing facility in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, Why?		
Where?		



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Does patient possess a Living Will or Advance Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Flu Vaccine:	Date of last Pneumonia Vaccine:
Does patient possess a Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, POA name: _____ POA contact info: Address: _____ _____ Phone Number: _____	Does patient possess a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, guardian's name: _____ Guardian's contact info: Address: _____ _____ Phone Number: _____	
What are the goals you desire for your loved one to obtain while in our facility? (Brief explanation of expectations with placement)		