

# Barfield Health Care, Inc.

22444 Highway 431  
Guntersville, Alabama 35976

## *Pre-Admission Data Sheet and Wing Assignment*

Applicant Name:			Last	First	Middle	Female:
						Male:
Date of Birth:	Age:	Married:	Widow:			
		Single:	Divorced:			
Applicant presently at:					Since:	
Last stay at hospital:			Doctor at hospital:			
Primary doctor:						
Medicaid #:			Medicare #:			
Social Security #:			Other:			
Has applicant been in a nursing home before?      Yes / No						
If so, when and where:						
<b>Income Information</b>						
Social Security:			SSI:			
VA:			Other income:			
Has applicant had Medicaid coverage before?      Yes / No						
Will applicant be eligible to apply for Medicaid?      Yes / No						
Sponsor (contact person):					Telephone #:	
Address:					Telephone #:	
					Cell Phone/Beeper #:	
Diagnosis:						
Medications:						
Date of Last Flu Vaccination:			Date of Pneumonia Vaccination:			
Comments:						