



**GOLDEN
AGE
HOME**

Admission Checklist

Resident Name : _____

Responsible Party: _____

Move In Date: _____

Room #: _____

- Room Deposit \$500 Ch# & Date _____
 - Tobacco Deposit \$ _____
 - Pet Deposit \$ _____
- Admission Paperwork
- Copy of Insurance Card
- Copy of Medicare Card
- Directives Concerning End of Life Issues (POA/DNR/ Living Will)
- Medical Admission Form
 - Dr. Name & date faxed _____
 - Received _____
- Medication List
- Medications Turned in (if applicable)
From _____ Medication Count Sheet Completed by _____
(if not applicable what is med. arrangement?) _____
- Diabetic
Oral/Insulin _____
 - AllergiesIf yes what: _____
- Pharmacy Agreement
(if not applicable which pharmacy?) _____
- Phone and/or Internet Service
 - (Connection date & Phone #) _____
- Pet
 - Animal type & name _____
 - Pet Shot Records
- Vehicle
 - License Plate #, Color & Type _____

Office Use Only

- Lifeline Pendent Issued
- Key Issued
- Door Name tag Ordered