Date Received: _____

Tara Home
a Project of Land of Medicine Buddha
5800 Prescott Rd. Soquel, CA 95075-9407
(831) 477-7750 tarahomeproject@aol.com

Application for Admissions

Referred By:

Name: _____ Title: _____ Agency/Facility: _____

Phone: (___)_____ Cell: (___)_____ Fax: (___)_____ Email: _____

Client Information:

Name: _____

In need of immediate placement: ❑YES ❑NO

Address: _____ City: _____ State: _____ Zip: _____

Phone: (___)_____ Cell: (___)_____ Fax: (___)_____ Email: _____

Currently residing at: ❑Home ❑other: _____

❑Female ❑Male _____ _____ _____ _____

Date of Birth **Age** **Religion** **Primary Languages**

Personal / Family Contacts:

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (___)_____ Cell: (___)_____ Fax: (___)_____ Email: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (___)_____ Cell: (___)_____ Fax: (___)_____ Email: _____

If there are more important contact numbers, please include on the back of this page.

Medical History

Medical Diagnoses and Dates: _____

_____

_____

_____

Recent Surgeries and Dates: _____

_____

_____

_____

Current Medications: _____

_____

_____

_____

Psychiatric History: _____

_____

_____

_____

Substance Abuse History: _____

_____

_____

Check All That Apply:

SYMPTOMS: ❑ **Difficulty Swallowing** ❑ **Difficulty Breathing** ❑ **Pain** ❑ **Nausea/Vomiting** ❑ **Diarrhea** ❑ **Rash/Itching**

TREATMENT: ❑ **Radiation** ❑ **Infusions** ❑ **Wound Care** ❑ **Oxygen** ❑ **Other:** _____

MOBILITY: ❑ Independent ❑ Assistance ❑ Wheelchair ❑ Bed Bound ❑ Other: _____

TOILETING: ❑ **Independent** ❑ **Assistance** ❑ **Incontinent Bladder** ❑ **Incontinent Bowel** ❑ **Foley Catheter** ❑ **Atomies**

MENTAL STATE: ❑ **Clear/Oriented** ❑ **Short-term Memory Loss** ❑ **Confused** ❑ **Mild Dementia** ❑ **Severe Dementia**

SMOKER: ❑ Yes ❑ No

DNR (Do Not Resuscitate Order) and MORTUARY ARRANGEMENTS are REQUIRED for Admission

There must be a Durable Power of Attorney for Health Care on file with Hospice prior to Admission

Please mail completed application to: ***Tara Home****, Land of Medicine Buddha*
5800 Prescott Rd. Soquel, CA 95075-9407
(831) 477-7750 *tarahomeproject@aol.com*

Applicant's Signature:

_____ _____

Signature Date