



Dear Future Resident,

We are delighted about your upcoming move to Magnolia Manor at Tupelo. Please make an appointment with your personal physician or family nurse practitioner. They will need to complete and sign the attached medical packet. The medical packet includes:

- _____ History and Physical (to be dated within 7 days of admission)
- _____ TB Skin Test (1st step must be completed prior to admission)
- _____ Chest X-Ray (to be dated within 30 days of admission)
- _____ Admission Orders
- _____ Current Medication List
- _____ Diet Order stating “Regular Diet” (*Special diets will not be accepted due to resident being able to keep food in their room.*)

For those with diabetes, please include:

- _____ Prescription for Glucometer and Supplies
- _____ Sliding Insulin Scale for Increased Blood Sugars

The medical information above must be completed and submitted to Magnolia Manor before your admission can be processed.

Proof of all income and assets must also be submitted to the facility prior to admission. Proof of income is to be provided through:

- _____ Social Security Awards Letter
- _____ Check Stubs from any monthly income received
- _____ Bank Statements
- _____ IRA or Annuity Letters
- _____ Property Taxes
- _____ Other Income or Assets

- _____ Social Security Card
- _____ Insurance Cards
- _____ Picture ID (if available)

Once your pre-admission information has been reviewed and approved, a date will be set for you to come in to sign the Admission paperwork. We will also set up a date for you to move into your new home... Magnolia Manor at Tupelo.

If you have questions or concerns call Debra Haynes or Jeanie Stupka at (662) 842-6776. We are looking forward to having you in our family.

Debra Haynes
 Executive Director
 DH;ac

Magnolia Manor at Tupelo

Medical History & Physical

Resident's Name: _____ DOB: _____

Past Medical History: _____

Family Medical History: _____

Surgical History: _____

Current Diagnosis: _____

Allergies: _____

Physical Findings: HT: _____ WT: _____ B/P: _____ TEMP: _____

PULSE: _____ RESP: _____ AMBULATORY: _____

WALKER: _____ CANE: _____ WHEELCHAIR: _____

Continent: Bowel Yes () No ()

Bladder Yes () No ()

HEENT: _____

Neck: _____

Lungs: _____

Heart: _____

Abdomen: _____

G.U.: _____

Vascular: _____

Neuro: _____

Lymph: _____

Skin: _____

Musculoskeletal: _____

Comments: _____

Diet: Regular or Diabetic or NAS (Please circle one)

Would you recommend this patient for Assisted Living?

YES () NO ()

Please attach Chest X-Ray and 2 step TB skin test results. Results can NOT be over 30 days old. When transferring from another facility all documentation (H&P, Chest X-Ray and 2-step TB skin test results must be within the last 12 months of admission date.)

Physician Signature: _____ **Date:** _____

Print Physician Name: _____ **Phone:** _____

Clinic Name: _____ **Fax:** _____

Magnolia Manor at Tupelo

Medication List

Resident Name: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

Comments: _____

Physicians Signature

Date

Magnolia Manor at Tupelo

Part of the admission criteria into Magnolia Manor at Tupelo as required by state regulations is a Two-Step TB Skin Test, a Chest X-Ray, and a Medical History & Physical with Admission Orders.

Step One of the Two-Step TB Skin Test must be taken at least three (3) days prior to admission, with Step Two taken seven (7) days after Step One. A negative reading of the first (1st) Skin Test and Chest X-Ray as well as the Admission Order permits admission into the facility. Chest X-Ray, TB results and a Medical History & Physical with Admission Orders must be performed within thirty (30) days of admission.

This form and other official documentation **MUST** be presented prior to moving into the facility. You or the physician may fax the completed forms to (662) 842-6512. Should you have any questions, please contact the facility at (662) 842-6776.

Resident's Name: _____

**TB Test
Step 1**

Date Given: _____ Initials: _____

Site: _____ Initials: _____

Date Read: _____ Initials: _____

Results: _____ Initials: _____

**TB Test
Step 2**

Date Given: _____ Initials: _____

Site: _____ Initials: _____

Date Read: _____ Initials: _____

Results: _____ Initials: _____

Chest X-Ray (Please attach results)

Results: _____ Initials: _____

Medical History & Physical including Admission Orders (see attached form)

Medication List (see attached form)

Magnolia Manor at Tupelo

Resident Tuberculosis Screening Form

Name: _____ Date: _____

HISTORY:

YES NO

Past Reactor? _____ _____ If yes, when? _____
Indurations (mm) _____

If past reactor, was INH taken? _____ _____ If yes, note under TB medications
Close contact to tuberculosis? _____ _____ If yes, to whom? _____

Family history of tuberculosis? _____ _____

Conversion from non-significant
reactor in last 2 years? _____ _____

Current tuberculosis disease? _____ _____ If yes, when? _____

What type of treatment? (list TB meds below)

Hospitalization for bronchitis and/or
pneumonia-like illness? _____ _____ If yes, when? _____

Where? _____

SIGNS AND SYMPTOMS OF TUBERCULOSIS (check any that apply):

_____ weight loss _____ night sweats
_____ anorexia _____ blood tinged sputum
_____ cough over 2 weeks duration _____ tiredness
_____ fever _____ chills
_____ other extra pulmonary symptoms _____

FACTORS FOR TUBERCULOSIS (check any that apply):

_____ diabetes _____ cancer
_____ silicosis _____ immune-suppressive therapy
_____ abnormal chest x-ray _____ use of adrenocortico-steroid
_____ leukemia _____ Hodgkin's disease
_____ HIV infection _____ end stage renal disease
_____ recent converter (within last 2 years)

Comments: _____

Physician Signature

Date