



Valley Village
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Assisted & Supportive Living: Health Care Pre-Admission Requirements & Documentation

Upon approval for admission to Valley Village the nurses are required to have the following paperwork completed prior to your day of admission.

Medication List and Medications:

As a State of Vermont licensed assisted living facility, we are required to have a signed order by your physician for any and all prescribed, over the counter medications and vitamins that you may have in your apartment during your residency here at Valley Village.

One week prior to your move in date you must submit signed physician's orders to the nursing department. You may use the attached form or have the physician's office submit a form as long as it outlines: Patients name, date of birth, name of the medication, dosage, times it is given and route to be taken.

These signed orders will allow Valley Village to order your medication, and it will also allow the medications to be administered by yourself or Valley Village staff, per Vermont State Law.

The medication list must include:

- Resident's full legal name
- Date the medication order is written
- Name of the medication to be administered
- Dose of the medication
- Route by which the medication is to be administered
- Frequency of administration of the medication



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Medical Documents & Cards:

Additional documents are required to be in your medical chart. If you have the below documents, please provide us with a copy of:

- Power of Attorney Document
- Durable Power of Attorney for Health Care
- DNR or COLST form

Please provide us with copies of your medical cards:

- Social Security Card
- Medical Insurance Card
- Medicare Card
- Vermont Medicaid Card (Green Mountain Care)

Additional medical information needed:

- Immunization Card or List
- Allergy List



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Assisted & Supportive Living Pre-Admission Paperwork Checklist

1. Medication list/Doctor's signed orders (use form attached)
2. Power of Attorney/Durable Power of Attorney Document
3. Completed COLST (attached)
4. Copies of Cards:
 - Social Security Card
 - Medical Insurance Card
 - Medicare Card
 - Vermont Medicaid Card (Green Mountain Care) if applicable
5. Immunization List
6. Allergy List
7. Please complete the following information:

Insurance info:

Medicare # _____ Date: _____

Medicare # _____ Date: _____

VT Medicaid # _____

Other Medical Insurance Card Info: _____



8. Contacts

First Contact:

Name: _____

Relationship to you: _____

Email: _____

Phone:(Home): _____ (Cell): _____

Legal Representative:

Name: _____

Relationship to you: _____

Email:(Home): _____ (Cell): _____

Phone: _____

Second Contact:

Name: _____

Relationship to you: _____

Phone:(Home): _____ (Cell): _____

Email: _____

9. Complete the “All About Me” sheet (attached)

10. Do you have any questions for the nurses?



Assisted & Supportive Living

ALL ABOUT ME

Please take a moment to share a few things about yourself that will help us get to know you prior to move in.

I like to go to bed at what time? _____

I like to wake up at what time? _____

I like to shower in the: AM _____ or PM _____

I am able to walk independently? Yes _____ or No _____

I walk with the use of a walker? Yes _____ or No _____

Do you use a wheelchair? Please explain: _____

Do you wear hearing aids? Yes _____ or No _____

Do you wear glasses? Yes ___ For reading? ___ At all times? ___ or No ___

Do you wear Dentures? Yes ___ Upper ___ Lower ___ Partial ___

No, I have my own teeth _____

Do you need help with (check all that apply):

_____ getting dressed in the morning _____ with shoes _____ showering
_____ getting ready for bed _____ toileting _____ grooming

Some of my favorite activities to do are: _____



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Anything else you would like to tell us about yourself to help us take care of you?
