



Résidence
Le Monarque
41, Chemin des Presqu'îles,
Plaisance, Quebec J0V 1S0
Telephone 819-308-0899 Fax 819-308-0777
Email : soins@residencelemonarque.com

**Application for admission
End-of-life palliative care**

Application for admission Application for pre-admission

1. General information on the person concerned by the admission

Family Name	First Name	Date of birth yyyy-mm-dd
<input type="text"/>	<input type="text"/>	<input type="text"/>
Health insurance number (RAMQ)		
<input type="text"/>		
Complete address (No, street, city, province, postal code)		Telephone
<input type="text"/>		<input type="text"/>
Contact person / Link		Telephone
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

2. Care providers

Doctor	Telephone
<input type="text"/>	<input type="text"/>
Other professional	Telephone
<input type="text"/>	<input type="text"/>
CLSC – Pivot speaker	Telephone
<input type="text"/>	<input type="text"/>

3. Medical information

Main palliative diagnosis	Date yyyy-mm-dd
<input type="text"/>	<input type="text"/>
Other diagnosis	
<input type="text"/>	
<input type="checkbox"/> Pacemaker <input type="checkbox"/> Automatic Defibrillator	
Known allergie(s)	
<input type="text"/>	
Prognosis	
<input type="checkbox"/> - 1 week <input type="checkbox"/> - 4 weeks <input type="checkbox"/> - 3 months	
Percentage estimated according to the PPS or Karnofsky palliative care performance scale: _____	
<input type="checkbox"/> NIM: D signed / Attached form <input type="checkbox"/>	
Last treatment(s) received / Date(s)	
<input type="checkbox"/> Chemotherapy _____ <input type="checkbox"/> Radiotherapy _____ <input type="checkbox"/> Transfusion _____ <input type="checkbox"/> Others _____	
Signs / Actual symptoms: _____	
<input type="text"/>	

Name of resident

4. Medication

Medication profile / Attached BCM

5. Care

Food

Normal Dysphagia Texture/consistency _____

Physical care / Required treatments

Bandages / Attached treatment plans _____

Catheter Other _____

6. Functional autonomy

Autonomous Partial aid Full help

Required equipment: _____

Risks

Fall Wandering Agressivity Other _____

7. Psychosocial data

Family / Relatives composition

Specific issues

End-of-life palliative care – Consent to the admission criteria at Résidence Le Monarque signed and attached

Attach any other document relevant to the follow-up of the client's file; Summary of hospitalization, medical notes, TNP, etc.

Referring Health Professional

Last name

First name

Occupation

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Establishment

Telephone

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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