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

Health insurance number (RAMQ)

Complete address (No, street, city, province, postal code)	Telephone

Contact person / Link	Telephone

2. Care providers

Doctor	Telephone

Other professional	Telephone

CLSC – Pivot speaker	Telephone

3. Medical information

Main palliative diagnosis	Date yyyy-mm-dd

Other diagnosis

☐ Pacemaker ☐ Automatic Defibrillator

Known allergie(s)

Prognosis
☐ - 1 week ☐ - 4 weeks ☐ - 3 months

Percentage estimated according to the PPS or Karnofsky palliative care performance scale: ________________
☐ NIM: D signed / Attached form ☐

Last treatment(s) received / Date(s)
☐ Chemotherapy ________________ ☐ Radiotherapy ________________
☐ Transfusion ________________ ☐ Others ________________

Signs / Actual symptoms: ____
____

Updated: September 11, 2023

Name of resident	

4. Medication

Medication profile / Attached BCM ☐

5. Care

Food

☐ Normal ☐ Dysphagia ☐ Texture/consistancy ____________________

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

Establishment	Telephone	Date