

# B03b-Application for Admission.DOC

## *DESERT VIEW*

Christian Science Care

8706 E. Via Taz Norte • Scottsdale, Arizona 85258

Telephone: 480-307-6060 Fax: 480-307-6063

### Mission Statement

The mission of Desert View is to support an individual's healing practice of Christian Science by providing skilled Christian Science nursing care whenever there is a need.

Date of Application \_\_\_\_\_

1. **Name** (including middle) \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

2. **Name of *Journal*-listed practitioner** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

3. **Family Contact/Responsible Party:** \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Person listed here will be the one notified of progress and other reports as necessary.

## B03b-Application for Admission.DOC

4. **Person to whom bill is to be sent:** \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
  
Home phone. \_\_\_\_\_ Business phone. \_\_\_\_\_  
Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

5. **General Durable Power of Attorney:** \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone. \_\_\_\_\_ Business phone. \_\_\_\_\_  
Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Please attach a copy of the General Durable Power of Attorney with this application.**

6. **Health Power of Attorney:** \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone. \_\_\_\_\_ Business phone. \_\_\_\_\_  
Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Please attach a copy of the Health Care Power of Attorney with this application.**

**You are required to provide Desert View with a valid, government-issued photo identification and Social Security card for photocopying.**

## B03b-Application for Admission.DOC

### 7. Home Guarantee

Desert View is not a permanent residence and you may be asked to leave the facility if we determine that you are no longer in need of our Christian Science nursing services or require services which we do not provide. In addition, Desert View reserves the right to ask you to leave if, in our judgment, we determine that you become unmanageable, disruptive, or uncooperative, or wander from the facility's premises. If requested to leave the facility, you are responsible for making prompt arrangements for your departure.

Signature of Patient	Date
----------------------	------

Signature of Guarantor	Date
------------------------	------

Guarantor \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

### 8. Payment Guarantee

You are responsible for the payment of all charges incurred during your stay at Desert View. This includes each calendar day or partial day that you receive Christian Science nursing care. Payment is due upon receipt of our invoice. Desert View does not invoice insurance companies. It is your responsibility to contact your insurance company for reimbursement. Any special financial arrangement must be requested by you in writing and approved by Desert View's Board. In the event of a delay in payment beyond the normal billing period, you agree to vacate the facility upon request.

Signature of Patient	Date
----------------------	------

Signature of Guarantor	Date
------------------------	------

Guarantor \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**B03b-Application for Admission.DOC**  
**AGREEMENT OF UNDERSTANDING FOR ADMISSION**

**Christian Science nursing services:**

- minister to the patient and his needs regarding cleanliness, comfort, nourishment, rest, communication, mobility/activity and his surroundings
- are consistent with the theology of Christian Science
- actively support Christian Science prayerful treatment
- respect the patient's privacy and confidentiality
- respect the right of the patient to the care and treatment of his choice
- are free from judgment, criticism, partiality or prejudice
- are in obedience to the laws of the land – in compliance with local, state, and federal regulations
- respect the patient's right to self-government while ensuring proper care
- include the patient (and/or those responsible for decisions regarding care) in decisions regarding his care
- provide the opportunity for the patient to communicate with the Christian Science practitioner and family as appropriate to his individual needs
- minister to the patient and his needs in a timely manner
- minister to the patient and his needs in a manner that reflects reverence, consideration, and respect

**This is represented by:**

Personal Care: Assistance with such things as bathing, commoding, oral care, and other services necessary to maintain one's cleanliness.

Mobility Assistance: Including help with the use of crutches, walkers, canes, or in actual positioning of the individual for comfort and normalcy while in a chair, in a bed, etc.

Nourishment: Preparation and/or modification of food, assistance with feeding; also encouraging a patient to eat as appropriate.

Cleansing/Covering: Proper cleansing and covering of wounds to provide for comfort, cleanliness, and cover.

Communication: Contacting patient's practitioner or family members.

Encouragement: Gently offering Christian encouragement in support of the patient's expression of life, vitality, and normal activity consistent with the patient's needs.

Reading aloud: Reading from the Bible, Science and Health with Key to the Scriptures and other writings by Mary Baker Eddy, and authorized Christian Science literature . . .  
. . .As well as spiritual witnessing, nurturing, cherishing, and comforting.

Instruction: Instructing patient, family members, or others who are helping regarding personal care, mobility, nourishment, and dressings/covering.

## **B03b-Application for Admission.DOC**

### **Notes:**

Male and female Christian Science Nurses on our staff will be providing you with the above services.

Your room assignment may change due to your level of nursing care or the needs of the facility.

We are not responsible for the safekeeping or loss of any of your personal property, including but not limited to, jewelry, money, or other personal items.

Desert View offers washing and drying laundry services. We are not responsible for damage or loss of personal clothing. No dry cleaning services are available at the facility

### **Due to legal and other restrictions;**

Desert View does not receive maternity cases, cases of a contagious nature, certain types of cases involving mental health.

No weapons (guns, knives, etc.) of any type are permitted at this facility at any time.

Violence, or any threat thereof, will not be tolerated, including but not limited to the use of threatening or abusive language; intimidating or coercing other patients, visitors or employees; or violent or disruptive behavior, or threat thereof.

If a patient refuses what is deemed proper care, they will be asked to leave Desert View.

### **9. Christian Science nursing services do NOT include:**

Giving Christian Science treatment/being responsible for healing.

Personal responsibility for the health and well-being of the patient (This does not remove responsibility from the Christian Science Nurse to render proper care.)

Giving advice and counsel.

Diagnosing, recording, and maintaining a record of symptoms or conditions during the stay at the facility.

Administering medication, drugs, medicated products or supplies.

Use of cleansing solutions or other products which are purported to aid healing, or bring relief from pain, soreness, itching, etc.

Using and administering medically-oriented techniques, equipment, and technology (oxygen, therapy, X-rays, dental services, catheter, etc.)

### **B03b-Application for Admission.DOC**

Using and administering non-medical techniques or equipment which the Christian Science Nurse has not been trained to use.

Manipulation, massages, therapeutic exercises (physical therapy, speech therapy, or occupational therapy).

Taking medically prescribed steps or using human-aid techniques to stop bleeding, resuscitate breathing, bring about release from choking, relief from pain, align broken bones, etc.

Force-feeding or intravenous feeding.

I understand the mission of Desert View is to provide Christian Science skilled nursing services in a supportive spiritual atmosphere for those actively relying on God for healing through ongoing Christian Science treatment. I have read and understand the explanation of the Christian Science nursing services provided by Desert View. I will be actively working for healing with a *Journal*-listed Christian Science practitioner on a daily basis.

I agree to all the above items in this application and will abide by them as well as any other rules or practices established by Desert View during my stay. I also attest to the accuracy of the information I have provided in this application.

In the case of minors and prior to admission, this form must be completed and signed by both parents or a legal guardian. It is further understood that a parent or guardian must be in attendance at all times when a minor is receiving care. I, the undersigned parent(s) or legal guardian, hereby consent to Desert View's provision of Christian Science skilled nursing services to my son or daughter or the minor applicant.

---

Signature of Patient or Personal Representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship of Personal Representative to Patient \_\_\_\_\_

---

Signature of Parent(s) or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applicant is a minor)