



P.O. Box 588  
Winder, Georgia 30680  
Phone: 770-867-2108 \* Fax: 770-867-7284

In order to facilitate each resident's admission to Winder Health Care, we request that the following documents be completed and returned prior to admission:

- **Application for Admission**

Medical information to be provided from the patient's physician:

1. History and Physical, including height/weight (Within the last 3 months)
2. Physician's Progress notes (within the last 3 months)
3. List of current Medications and administration directions
4. Lab Work: Blood work, any recent cultures, chest x-rays
5. An order from your Physician to "Admit to Winder Health Care"

*Attached you will find a DMA-6 Physician's Recommendation for Nursing Facility Care, and PASRR Level I forms. These forms must be completed, dated, and signed by the patient's physician.*

If applicable, we also need copies of the following:

1. Social Security Card
2. Medicare Card
3. Medicaid Card
4. Group & Individual Insurance Cards
5. Medicare Supplement Insurance Cards
6. Photo ID

Legal Documents:

1. Living Will
2. Power of Attorney
3. Guardianship

*Each application for admission will be considered on an individual basis, taking into consideration the behavior and physical condition, his/her comprehensive treatment needs, and the ability of Winder Healthcare to provide for those needs without jeopardizing the safety of the prospective resident or that of the current residents.*

**Thank you for your interest in placement at Winder Health Care.**