

# *Sacred Heart Home*

1315 W. Hunting Park Avenue  
Philadelphia, PA 19140  
215-329-3222  
Fax 215-329-4197

Sacred Heart Home is a free home for needy, incurable cancer patients, which does not discriminate on the basis of race, color, national origin, ancestry, age, sex, sexual orientation, religious creed, handicap, or disability. We accept patients from any geographical area.

All treatments, including radiation and chemotherapy, and all appointments must be completed before admission. Once admitted, patients are not sent out for treatments.

The completed applications are reviewed by the Director of Nursing and the Medical Director. Ordinarily, the social worker is contacted when a bed is available.

The following reports are needed for the application to be reviewed:

- 1. Completed application, signed by the physician.
- 2. Pathological report or diagnostic CT scan or MRI.
- 3. Chest x-ray and any relevant scans that are available.
- 4. Recent history and physical by a physician and/or discharge summaries.
- 5. Most recent medication list.
- 6. CBC and other pertinent lab reports.
- 7. DNR order.

All of the following care can be provided: tracheostomy, colostomy, and other ostomy care; gastric or other tube feedings; decubitus care, pain management; oxygen; nebulizer treatments; and general palliative care. Ostomy sites of any kind must be present on admission. Ventilators are not used. Hyperalimentation and IV therapy are not done.

A transfer form must accompany the patient on admission if he/she comes from another facility or a list of medications if the patient comes from home.

Our Physician will visit the patient twice a week and more often if necessary. He is always available by phone. The patient/staff ratio is very low, and we strive to give each patient the compassionate care he/she needs.

The patients are not required to submit a financial statement. However, a brief social summary is requested with the application, giving the reasons for seeking admission, the need for care, and the financial status of the patient. The Home does not accept payment from the patients or their families (before or after death), any government agency (including Medicare and Medicaid), or any other third-party insurance. If a patient receives Social Security, it does not affect his or her eligibility for admission, but the Home will not accept the payment.

**Please feel free to call with any questions! Ask for Admissions.**

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Sacred Heart Home is a free home  
for incurable cancer patients who  
cannot afford the care they need.  
No contributions are accepted  
from the patients or their families.

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security \_\_\_\_\_

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ Private Insurance \_\_\_\_\_

Cancer Diagnosis \_\_\_\_\_

If metastatic, give primary site \_\_\_\_\_

History of Illness:

Chief Symptoms \_\_\_\_\_

Organs Affected \_\_\_\_\_

Remarks \_\_\_\_\_

Surgery \_\_\_\_\_ Date \_\_\_\_\_

Pathological Report \_\_\_\_\_ Date \_\_\_\_\_

Has Radiotherapy been used? \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

List any other treatments \_\_\_\_\_

**ALL OUTSIDE TREATMENTS AND APPOINTMENTS MUST BE COMPLETED BEFORE ADMISSION. IF THEY ARE NOT COMPLETED NOW, WHEN WILL THEY BE?** \_\_\_\_\_

Stage of Illness: Early \_\_\_\_\_ Moderately Advanced \_\_\_\_\_ Advanced \_\_\_\_\_

Other Diagnoses \_\_\_\_\_

Current Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Contagious or Communicable Disease \_\_\_\_\_

Hospital where patient was treated \_\_\_\_\_

Physician \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Case Worker \_\_\_\_\_ Phone \_\_\_\_\_

**This application will only be considered when submitted with a hospital summary, pathological report, complete blood count, chest x-ray report, other relevant diagnostic studies, history and physical, and social summary.**

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Mental Status \_\_\_\_\_

History of Mental Illness \_\_\_\_\_

Past \_\_\_\_\_ Present \_\_\_\_\_ If yes, medications \_\_\_\_\_

Does patient smoke? \_\_\_\_\_ How much per day? \_\_\_\_\_

History of Alcohol Abuse \_\_\_\_\_

Who is caring for patient? \_\_\_\_\_ Living Arrangements \_\_\_\_\_

Does patient know the diagnosis and/or prognosis? \_\_\_\_\_

Advanced Directive  Living Will  Health-care power of attorney  Health-care proxy  Power of attorney

### Please submit a copy of all applicable documents

Functional Status:

Ambulation: Independent  With Assistance  Bed-to-Chair  Wheelchair  Geri-Chair  Bedbound

Toileting: Independent  Assist to Bathroom  Commode  Incontinent  Bowels  Bladder   
Foley Catheter  Colostomy  Ileostomy  Other \_\_\_\_\_

Transfer: Independent  With Assistance  Hoyer Lift

Bathing: Independent  Needs Assistance  Total Care

Nutritional Status: Appetite Good  Fair  Poor  Feeds Self  With Assistance  Tube Feeding

Contractures:  Where \_\_\_\_\_

Restraints:  What Type \_\_\_\_\_ When Used \_\_\_\_\_

Oxygen  Suctioning  Wound/Decubitus Care \_\_\_\_\_

Is patient cooperative with personal care? \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### OPTIONAL PATIENT INFORMATION FOR VITAL STATISTICS

Religion \_\_\_\_\_ Veteran \_\_\_\_\_ Occupation \_\_\_\_\_ Birthplace \_\_\_\_\_

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

CHECKLIST OF SUBMISSIONS: APPLICATION  PATHOLOGY REPORT  CHEST X-RAYS  OTHER X-RAYS

MOST RECENT LAB REPORTS  HOSPITAL DISCHARGE SUMMARY  RELEVANT SCANS  SOCIAL SUMMARY

Sacred Heart Home does not discriminate in the admission of patients with regard to race, color, national origin, ancestry, age, sex, sexual orientation, religious creed, handicap, or disability. However, it is the policy of the Home to safeguard the health and safety of its residents and to operate the facility without undue disruption of service to the residents and their families. In accordance with this policy we abide by the following directive from the Pennsylvania Department of Health.

"A patient who becomes mentally disturbed after admission and exhibits behavior which may cause injury to himself or others may be treated in the facility by appropriate medical management and supervision. If, in the opinion of the attending physician, the patient cannot be managed, immediate arrangements shall be made by the attending physician for the transfer of the patient to an appropriate facility at the earliest practical time. The current facility is responsible for the health and safety of the patient and for arranging the safe and orderly transfer of the patient."

Pennsylvania Code, Title 28, Part IV, 201.25(e)