

[FACILITY LETTER HEAD]

Date

Send To

Attention

Fax Number

Number of pages (including cover sheet)

Dear Physician,

Your patient, _____ is to be admitted to [FACILITY NAME] on the following date:
[DATE].

To ensure all components of the Admission Package are included, provided below is a checklist of documentation and information to include in your **2 page section** (p. 2-3):

EMR printouts are acceptable for the following:

- Medical History
- Current Medications
 - Signed and dated
- Lab results
- Allergies

Additional documentation / information to include:

- M.O.S.T. Designation / DNR Status
- Discretionary Orders
- Advanced Care Planning (if documented)
- MMSE / MOCA
- Vaccinations

In order to process admission, we require the attached Admission Package to be completed by **[DATE / TIME]**.

Please fax completed package to **[FAX NUMBER]**

Thank you.
We appreciate your timely response.

FACILITY LETTERHEAD

FACILITY TO COMPLETE

PATIENT ADMISSION INFORMATION

| | | | |
|---------------|------------|-----------|--|
| Completed by: | | Signature | |
| On behalf of: | [Facility] | | |

RESIDENT INFORMATION

Last name: _____ First name: _____ Middle name: _____

DOB: _____ Age: _____ PHN: _____

Facility Name: _____ Unit: _____ Room: _____

Admit Date: _____ Admitted from: _____

Facility phone: _____ Facility fax: _____ MRN: _____

FAMILY CONTACT INFORMATION

PRIMARY CONTACT

Name: _____ Relationship: _____

Healthcare Decision maker? YES NO

Phone (home): _____ Phone (cell): _____ Address: _____

SECONDARY CONTACT

Name: _____ Relationship: _____

Healthcare Decision maker? YES NO

Phone (home): _____ Phone (cell): _____ Address: _____

Baseline Measurements

| | | | | | |
|--------------|--|-------------|--|-------|--|
| Height (cm): | | Weight (kg) | | Temp: | |
| BP: | | Pulse: | | SpO2: | |

FACILITY LETTERHEAD

PATIENT ADMISSION INFORMATION

PHYSICIAN TO COMPLETE
PAGES 2 & 3

Date _____

Patient Name: _____ PHN: _____

DOCUMENTATION

M.O.S.T. Designation Yes No/Not Known Attached

OR

DNR Status For Resuscitation Do Not Resuscitate Not Known

Discretionary Orders Completed Attached

Advanced Care Planning Conversation Yes No

Recent MMSE / MOCA Yes No Attached

PATIENT HEALTH INFORMATION

Please provide the following information to the best of your knowledge or provide information from your Electronic Medical Record.

Medical History:

EMR Printout attached

Current Medication(s):

EMR Printout attached
 Signed and dated

FACILITY LETTERHEAD

PATIENT ADMISSION INFORMATION

Lab Results:

EMR Printout attached

Allergies:

EMR Printout attached

Vaccinations:

Please indicate all known vaccinations. If you do not have information, please check 'Unknown'

Unknown

TB / Chest x-ray (within one year)

Requisition if x-ray not available

Tetanus Flu Pneumovax

Additional comments:

Ordering Provider signature: _____

Thank you.
We appreciate your timely response.