

ADMISSION RECORD

Gideon Care Center - SNF

RESIDENT INFORMATION

Resident Name		Preferred Name	Unit	Room / Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date	Resident #
Previous address			Previous Phone #		Legal Mailing address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
Admitted From		Admission Location			Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Insurance Name:		
Insurance Policy #:		Part D Policy #						

PAYER INFORMATION

Primary Payer				
Second Payer				
Third Payer				
Fourth Payer				
Fifth Payer				

OTHER INFORMATION

Most Recent Hospital Stay	Allergies			
Admission Type	Anniversary Date	Hairdressing Notes	Laundry-done by?	
Medicaid Recertification Date	Medicare Coverage	Miscellaneous Information:	Part D Carrier	
Prepaid funeral arrangements?	QMB Eligible	Resident Receives personal Mail?	Spouse's Name	
Uses Walker?	Uses Wheelchair?			

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI

PHARMACY

Pharmacy	Phone/Fax	Address

EXTERNAL FACILITIES

Facility Name	Phone	Facility Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification

ADVANCED DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
Signature			Date	Time