



Telephone: 517-782-1900 • Fax: 517-784-8537

## Pre-Admission Information and Checklist

**Please Note:** OBRA (3877/78) and/or Health Care Appraisal are **not required** for admission into a State Licensed Home for the Aged

Today's Date: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(name of preparer)

Discharge Planner/Case Mgr.    Social Worker  
 Facility Rep.    Family/Caregiver    Other

Information sent by:    FAX    US Mail    Delivered in person    Other \_\_\_\_\_

Date that information was sent: \_\_\_\_\_

**Demographic information:** (You may attach a face sheet or other document to provide this information)

Name or Resident/Patient: \_\_\_\_\_

Age of Resident/Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Contact Information:**

Name of DPOA, Guardian or Conservator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alt/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**The following information will be needed to begin the Admission process: (Checklist)**

- \_\_\_\_\_ Copy of latest History and Physical
- \_\_\_\_\_ TB Screen (chest x-ray) report within the last 30 days
- \_\_\_\_\_ Copy of Medications as ordered with Physician's signature
- \_\_\_\_\_ Copies of: Insurance cards, State ID or Drivers License, Social Security card
- \_\_\_\_\_ Copy of Durable Power of Attorney documents for Health decisions and Financial matters
- \_\_\_\_\_ Copy of Advanced Directives (POLST) signed by Physician
- \_\_\_\_\_ Copies of recent Treatment Records and/or Nurses Notes
- \_\_\_\_\_ Discharge summary if available and/or applicable

**Notes or Other Information:**

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Highland Alzheimer's Care Residence

1948 Cooper St. • Jackson, Michigan 49202 • Telephone: 517-782-1900 • Fax: 517-784-8537 • [www.callhighland.com](http://www.callhighland.com)