

# NEW ADMISSION CHECKLIST

Name \_\_\_\_\_

Scheduled admission date/time \_\_\_\_\_

From another facility:

- Recent MD orders
- MD progress notes
- MAR
- Most recent chest x-ray
- Most recent labs
- Most recent MDS
- Social progress notes
- Most recent 90L/SMS
- Face Sheet
- Part D Plan
- Vaccination record

From hospital:

- Completed/signed SMS/PASRAS/MD order
- Clear chest x-ray
- Labs
- I & O records
- Code status
- Face sheet
- Vaccination record

From Private residence:

- Completed/signed SMS/PASRAS/MD order
- Clear chest x-ray
- Vaccination record

MD preference \_\_\_\_\_

Payment source \_\_\_\_\_

Income amount \_\_\_\_\_

Room # \_\_\_\_\_