ADMISSION RECORD

LAST NAME	FIRST	MIDDLE	MAIDEN NAME ❑ NA	MR #	DATE ADMITTED	TIME ❍ AM ❍ PM	ROOM #

ADMITTED FROM	HOW TRANSFERRED	REFERRED BY

PREVIOUS RESIDENCE	ADDRESS	CITY	STATE/ZIP CODE	COUNTY	PHONE

DATE OF BIRTH	AGE AT ADMIT	RACE	SEX ❍ M ❍ F	MARITAL STATUS ❍ M ❍ S ❍ W ❍ D ❍ Sep.	SPOUSE/SIGNIFICANT OTHER NAME ❑ LIVING

BIRTHPLACE STATE/COUNTRY	MOTHER'S NAME	FATHER'S NAME	CITIZEN OF	MILITARY SERVICE/BRANCH – DATES ❑ NA

RELIGION	CHURCH/WORSHIP NAME	ADDRESS/CITY/STATE/ZIP CODE	PHONE

SOCIAL SECURITY #	MEDICARE # ❑ NA	MEDICAID # ❑ NA	HEALTH INSURANCE/PRIVATE INSURANCE ❑ NA	POLICY # ❑ NA

INSURANCE CO. ADDRESS ❑ NA	PHONE ❑ NA

ADMITTING DIAGNOSIS(ES)

ALLERGIES ❑ NKA	ADVANCE DIRECTIVES ❑ Full Code ❑ Living Will ❑ ❑ DNR ❑ DNH

PRIMARY PHYSICIAN'S NAME	ADDRESS/CITY/STATE/ZIP CODE	PHONE

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	RELATIONSHIP	HOME PHONE

ADDRESS	CITY	STATE/ZIP CODE	WORK PHONE	CELL PHONE

GUARANTOR	RELATIONSHIP	HOME PHONE

ADDRESS	CITY	STATE/ZIP CODE	WORK PHONE	CELL PHONE

DENTIST	ADDRESS/CITY/STATE/ZIP CODE	PHONE

PHARMACY	ADDRESS/CITY/STATE/ZIP CODE	PHONE

HOSPITAL	ADDRESS/CITY/STATE/ZIP CODE	PHONE

EMPLOYER ❑ NA	ADDRESS/CITY/STATE/ZIP CODE	PHONE	OCCUPATION(S)

MORTUARY	ADDRESS/CITY/STATE/ZIP CODE	PHONE

ADDITIONAL NOTES

DISCHARGE INFORMATION

DATE OF DEATH/DISCHARGE	TIME ❍ AM ❍ PM	REASON FOR DISCHARGE	TOTAL LENGTH OF STAY (DAYS)

DISCHARGED TO	ACCOMPANIED BY	RELATIONSHIP

NAME OF HOSPITAL/OTHER FACILITY ❑ NA	ADDRESS/CITY/STATE/ZIP CODE	PHONE

CONDITION ON DISCHARGE

❍ Recovered ❍ Improved ❍ Acute illness ❍ Declined treatment ❍ Expired ❍ Other:

NURSE PRESENT AT TIME OF DEATH ❑ NA	NURSE PRESENT LICENSE # ❑ NA

DISCHARGE DIAGNOSIS(ES)