

ADMISSION RECORD

Brooklyn Community Estate

May 17, 2019 10:13:10 CT

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
MCO		Medicare (HIC) #			Medicare Beneficiary ID		Medicaid #		
Social Security #		Insurance Name:			Insurance Policy #:		Medical Record #		
Part D Policy #									

PAYER INFORMATION

Primary Payer				
Second Payer				
Third Payer				
Fourth Payer				
Fifth Payer				

OTHER INFORMATION

Most Recent Hospital Stay	Allergies			
Admission Type	Advanced Directives	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?	Veterans Status	

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

ADVANCE DIRECTIVE

--	--	--	--

MISCELLANEOUS INFORMATION

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

ADMISSION RECORD

Brooklyn Community Estate

May 17, 2019 10:13:10 CT

Signature		Date	Time
Personal Effects Sent With	Relationship	Date	Time