

Meadow Brook
Antrim County Medical Care Facility
PRE-ADMISSION APPLICATION

NAME: _____

1. Do they have a guardian? _____

2. Do they have a Durable Power of Attorney? _____

3. Do they have a Patient Advocate? _____

If any of the above, list individual's name and address: _____

5. If a veteran, the file #: _____, branch of service: _____

6. If a current or former spouse of a veteran, file #: _____

7. If a widow of a veteran, file #: _____

8. Resident is now at _____ Date Admitted _____

9. Any prior hospital or nursing home stay? _____ If yes Name: _____

Date Admitted: _____ Date Discharged: _____

10. Is the resident receiving care through Hospice? _____

If yes, Name: _____ Phone #: _____

11. The name of the physician who will care for the resident while at Meadow Brook: _____

12. Have you contacted the physician regarding admission to Meadow Brook? _____

If not, this must be done prior to admission.

13. To complete the pre-admission application the current physician must forward:

1. History & Physical.
2. List of Current Medications & Dosages.
3. Chest X-ray (within 90 days of admission)
4. DSS 3877 & 3878 (included in pre-admission packet).

14. Copies of the following must be returned with the pre-admission packet:

- | | |
|----------------------------|------------------------------------|
| Social Security Card | Guardianship Papers (if any) |
| Insurance Cards | Durable Power of Attorney (if any) |
| Veteran's Discharge Papers | Patient Advocate (if any) |

Please call Meadow Brook if you have any questions. (231) 533-8661 EXT. 115

Preadmapplication/kw