



ADMISSION PACKET CHECKLIST

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|----|--|--------------------------|
| 1 | <u>FACE SHEET</u> | <input type="checkbox"/> |
| 2 | <u>Biling Information</u> | <input type="checkbox"/> |
| 3 | <u>Determination for Admission</u> | <input type="checkbox"/> |
| 4 | <u>Advance Directive</u> | <input type="checkbox"/> |
| 5 | <u>Residency Agreement</u> | <input type="checkbox"/> |
| 6 | <u>Voluntary Arbitration</u> | <input type="checkbox"/> |
| 7 | <u>Fall Risk Addendum</u> | <input type="checkbox"/> |
| 8 | <u>Physician Authorization for Non-Ambulatory Resident</u> | <input type="checkbox"/> |
| 9 | <u>Physician Orders</u> | <input type="checkbox"/> |
| 10 | <u>Flu/Pneumonia Vaccination Consent</u> | <input type="checkbox"/> |
| 11 | <u>Communicable Disease Screening</u> | <input type="checkbox"/> |
| 12 | <u>Health Records Release Authorization</u> | <input type="checkbox"/> |
| 13 | <u>Non-Ambulatory Authorization</u> | <input type="checkbox"/> |
| 14 | <u>Photo Release Authorization</u> | <input type="checkbox"/> |
| 15 | <u>Continued Residency Authorization</u> | <input type="checkbox"/> |
| 16 | <u>Field Trip Authorization</u> | <input type="checkbox"/> |
| 17 | <u>Facility Transportation Policy</u> | <input type="checkbox"/> |
| 18 | <u>Initial In-House Assessment</u> | <input type="checkbox"/> |
| 19 | <u>Important Phone Numbers</u> | <input type="checkbox"/> |
| 20 | <u>Resident Emergency Orientation</u> | <input type="checkbox"/> |
| 21 | <u>Food Preferences</u> | <input type="checkbox"/> |
| 22 | <u>House Rules</u> | <input type="checkbox"/> |
| 23 | <u>Smoking Policy</u> | <input type="checkbox"/> |