

# Direct Admission Checklist

**We are here to help  
you come prepared.**



Date: \_\_\_\_\_

Payer Source: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Primary DX: \_\_\_\_\_

DOB: \_\_\_\_\_

Physician: \_\_\_\_\_

SSN: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## ITEMS NEEDED DURING THE REFERRAL PROCESS

- Medication List & Current Orders signed by MD
- Updated H&P, with DX list
- Allergy List
- Statement that patient is free of communicable disease
- Admission Orders
- Copy of Guardianship Papers or HC Power of Attorney with activation form signed by two physicians if no longer capable of making sound healthcare decisions
- Copy of Insurance Cards
- Consent to Treat

**We accept a wide variety of clinical capabilities to meet the healthcare needs of our community. Please contact *dedicated direct admit line* at 414-581-0169 to learn more about our services and how we can direct admit you from wherever you are.**



address | address | phone | website