



1948 Cooper St., Jackson, MI 49202 www.callhighland.com
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Pre-Admission Initial Assessment Information

Please Note: OBRA (3877/78) and/or Health Care Appraisal are NOT REQUIRED for admission into a State Licensed Home for the Aged.

Today's Date: _____

Completed by: _____
(name of preparer)

Discharge Planner/Case Mgr. Social Worker
Facility Rep. Family/Caregiver Other

Information sent by: FAX US MAIL Delivered in person Other _____

Date that information was sent: _____

Demographic Information: (you may attach a face sheet or other document to provide this information)

Name of Resident/Patient: _____

Age of Resident/Patient: _____ D.O.B.: ____/____/____

Diagnosis: _____

Contact Information:

Name of DPOA, Guardian or Conservator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate/Cell: _____

Email _____

The following information will be needed to begin the admission process: (checklist)

- Copy of latest history & physical
TB Screen (chest x-ray) report within the last 30 days
Copy of medications as ordered with physician's signature
Copies of: Insurance cards, State ID or Drivers License, Social Security Card
Copy of Durable Power of Attorney documents for health decisions and financial matters
Copy of Advanced Directives (POLST) signed by physician
Copies of recent treatment records and/or nurse's notes
Discharge summary if available and/or applicable

Notes or Other Information:

Blank lines for notes or other information.