



# MEDILODGE

## Admission from Home Checklist

- ✓ **Face Sheet - demographics**
- ✓ **History and Physical**
- ✓ **Physician Order to ex: “(Patient name) to admit to (Center Name) for rehab/LTC/Respite/etc.”.**
- ✓ **Active Medication List (ideal within the last 30 days, 90 max)**
- ✓ **PASARR Mental Health Screening - forms attached.**
- ✓ **Any hospital records or other medical records that are important to the resident’s care. (If available)**
- ✓ **Covid Vaccination Status if known.**

**Fax or email to referral information to:**

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