

# Admission\Readmission

Date of Admit\Readmit: \_\_\_\_\_

	Initial	Comments
Resident Name Tag		
Bed Labelled		
Clothes Labelled		
Admission Sheet		
Discharge Summary		
W-10		
History & Physical		
Consent \ Siderails		
Consent \ CPR \ DNR		
Consent \ Restraint		
Consent \ Smoking		
Progress Note		
MDS Assessment		
Triggers \ RAPS		
Skin Assess. \ PSDR		
Behavior Flow Sheet		
Nurses Notes (2)		
Resident Care Plan		
Doctor's Orders		
Pharmacy Orders		
Kardex		
MAR		
Treatment Record		
Dietary Requisition		
EKG Requisition		
Lab Requisition		
Chest X-Ray		
Podiatry Consult		
Ophthalmology Consult		
Dental Consult		
Therapy Consult		
Other...		

<b>Resident Name:</b>	<b>Room #</b>	<b>Physician:</b>	<b>Medical Rec. #</b>

**Admission\Readmission**

	Date	Initials	Comments
** Complete History & Physical			
Complete Blood Count			
Hematocrit			
Hemoglobin			
RBC Indices			
Blood Glucose			
Blood Urea Nitrogen (BUN)			
Creatinine			
Complete Urinalysis			
V.D.R.L. (1 x only)			
Stool for Occult Blood			
Dental Examination			
Pap Smear (1 x only)			
TB (1 x only) Chest X-Ray			
PPD			
Visual Acuity (2 Yrs)			
Grossly Tested			
Ophthalmologist			
Tonometry (5 Yrs)			
Hearing			
Grossly Tested			
Audiometric			
Immunization Tet-Diphth (10 Yrs)			
Phneumonia (5 Yrs)			
Influenza			
Other...			

<b>Resident Name:</b>	<b>Room #</b>	<b>Physician:</b>	<b>Medical Rec. #</b>