Rochester Regional Health System Skilled Nursing Referral Form

Federal and State law prohibit discrimination based on race, creed, color, religion, age, sex, mental status, blindness, national origin, sexual preference, sponsorship, disability, marital status, veteran status, genetic predisposition, carrier status, or source of payment in admission, retention and care of resident.

General financial information, including income, assets and insurances is required and will be kept strictly confidential.

Date: ______________

Living Center Preference: 1st choice________________________

2nd Choice________________________

Identifying Information:

Applicant Name: ____________________________ Date of Birth: ____/____/____

Home Address: __________________________________

____

Telephone #: (____) _____________________________ Sex: ___________

Social Security Number: ___________________________ Marital Status: ____

Religion: ___________________ Veteran : ________

Primary Care Physician: _____________________

Other Physicians: __________________________

Advance Directives: ____________

Insurance Information: (include all numbers and letters)

Medicare: ________________________ Medicaid Cin #: _______________________

Blue Cross: ______________________ Medicaid Case Worker: _________________

HMO (type/policy #) ____

Any other insurance: ____

Next of Kin Information:

Name: ___________________________________ Relationship: __________ POA?_____

Phone # (home) _______________ (work) _______________ (cell) _______________

____
Address City/State/Zip

Name: ___________________________________ Relationship: __________ POA?_____

Phone # (home) _______________ (work) _______________ (cell) _______________

____
Address City/State/Zip

Current Living Situation/Family and Social Supports:

Please check off from where you initially acquired this application:

Tour at ETW, PRLC or ULC_____
Admissions Office_____
Long Term Care and Post Acute Care Call Center_____
Other_____

Person completing this form:

Name: ___________________________________ Relationship: __________ POA?_____

Phone # (home) _______________ (work) _______________ (cell) _______________

____
Address City/State/Zip