



**Meadow  
Brook**  
ANTRIM COUNTY  
MEDICAL CARE FACILITY

## PRE-ADMISSION APPLICATION

NAME: \_\_\_\_\_

1. Do they have a guardian? \_\_\_\_\_

2. Do they have a Durable Power of Attorney? \_\_\_\_\_

3. Do they have a Patient Advocate? \_\_\_\_\_

If any of the above, list individual's name and address: \_\_\_\_\_

\_\_\_\_\_

5. If a veteran, the file #: \_\_\_\_\_, branch of service: \_\_\_\_\_

6. If a current or former spouse of a veteran, file #: \_\_\_\_\_

7. If a widow of a veteran, file #: \_\_\_\_\_

8. Resident is now at \_\_\_\_\_ Date Admitted \_\_\_\_\_

9. Any prior hospital or nursing home stay? \_\_\_\_\_ If yes Name: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

10. Is the resident receiving care through Hospice? \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

11. The name of the physician who will care for the resident while at Meadow Brook: \_\_\_\_\_

12. Have you contacted the physician regarding admission to Meadow Brook? \_\_\_\_\_

**If not, this must be done prior to admission.**

13. To complete the pre-admission application the current physician must forward:

1. History & Physical.
2. List of Current Medications & Dosages.
3. Chest X-ray (within 90 days of admission)
4. DSS 3877 & 3878 (included in pre-admission packet).

14. **Copies of the following must be returned with the pre-admission packet:**

- |                            |                                    |
|----------------------------|------------------------------------|
| Social Security Card       | Guardianship Papers (If any)       |
| Insurance Cards            | Durable Power of Attorney (If any) |
| Veteran's Discharge Papers | Patient Advocate (If any)          |

**Please call Meadow Brook if you have any questions. (231) 533-8661 EXT. 115**

Preadmapplication/kw