HOSPITAL ADMISSION CHECKLIST

answer any questions from medical professionals.



The checklist below is for items needed when being admitted to the hospital. Check each item as it is gathered and completed. Often, the hospital admission process can be hectic if you do not have the proper information prepared. This checklist of general questions asked during admission and hospital stay, will be helpful. In most cases, it is best to have someone with you that can

CHECKLIST OF ITEMS	YES COMPLETE	NO	NOTES:
Verification of ID			
Driver's License or photo ID			
Social Security Card			
Verification of Health Insurance			
(i.e. primary, supplemental, Medicare, Medicaid, etc.)			
A list of medications that the person is currently taking.			
(You can provide the current Medication Tracking Form Chart,			
otherwise prepare a list or take the medications with you.)			
A list of any allergies to medications and any other allergies			
Name of Primary Provider, address, and office phone			
A list of all medical diagnoses			
(You can provide the current Medical and Surgical History Tracking			
Form Chart, otherwise prepare a list.)			
A list of past surgeries and outpatient procedures			
(You can provide the current Medical and Surgical History Tracking			
Form Chart, otherwise prepare a list including dates when possible.)			
Are you knowledgeable of the family medical history?			
A copy of your Advanced Directives			
(i.e. living will, durable power of attorney)			
A new Do Not Resuscitate form will be signed at each admission			
Care Partner Name and Number			
			Name:
			Phone:

MEDICATION TRACKING FORM



This form will help you keep an accurate and current log of medication

The chart is provided as an aid in tracing numerous medications, dosages, and special directions as prescribed by the provider. Many medication prescribed may have more than one use so please let us know why the provider prescribed them to you.

NAME OF MEDICATION	DOSAGE	DIRECTIONS OF USE	MEDICAL REASON FOR MEDICATION	PHARMACY

MEDICAL AND SURGICAL HISTORY TRACKING FORM



This form will help you keep an accurate and current log of all medical diagnosis and surgical procedures.

MEDICAL HISTORY	DATE OF DIAGNOSIS	SURGICAL HISTORY	DATE OF SURGERY